1954

FLORIDA
STATE BOARD
OF
HEALTH

1954

ANNUAL REPORT

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Annual Report

State Board of Health

State of Florida

1954

The following statistical reports will be published separately:

SUPPLEMENTAL I — FLORIDA VITAL STATISTICS, 1954

SUPPLEMENTAL II — FLORIDA MORBIDITY STATISTICS, 1954

WILSON T. SOWDER, M.D.

STATE HEALTH OFFICER

JACKSONVILLE, FLORIDA

The Honorable HERBERT L. BRYANS, M.D., President
Florida State Board of Health
Pensacola, Florida

Dear Dr. Bryans:

I herewith submit the annual report of the Florida State Board of Health for the year ending December 31, 1954.

Sincerely yours,

WILSON T. SOWDER, M.D.
State Health Officer

May 1, 1955
Jacksonville, Florida

His Excellency, LEROY COLLINS
Governor of Florida
Tallahassee, Florida

Sir:

I beg to hand you herewith a report of the Florida State Board of Health for the period January 1, 1954, to December 31, 1954, inclusive.

Respectfully submitted,

HERBERT L. BRYANS, M.D.
President

May 1, 1955
Pensacola, Florida

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Members of the

FLORIDA STATE BOARD OF HEALTH

HERBERT L. BRYANS, M.D., *President*
Pensacola

T. M. CUMBIE, Ph.G.
Quincy

EDWARD L. FLYNN, D.D.S.
Tampa

ALBERT L. WARD, M.D.
Port St. Joe

CARL C. MENDOZA, M.D.
Jacksonville

OFFICIAL STAFF FLORIDA STATE BOARD OF HEALTH

December 31, 1954

DIRECTORS

State Health Officer.....Wilson T. Sowder, M.D., M.P.H.

Bureau of Local Health Service.....George A. Dame, M.D.
Division of Public Health Nursing.....Ruth E. Mettinger, R.N.
Field Training Center.....Frank M. Hall, M.D., M.P.H.
Field Advisory Staff.....George A. Dame, M.D., Acting

Bureau of Dental Health.....Floyd H. DeCamp, D.D.S.

Bureau of Preventable Diseases.....Lorenzo L. Parks, M.D., M.P.H.
Division of Venereal Disease Control.....William A. Walter, M.D., M.P.H.
Division of Industrial Hygiene.....John M. McDonald, M.D.
Division of Cancer Control.....Lorenzo L. Parks, M.D., M.P.H. Acting
Public Health Veterinarian.....James E. Scatterday, D.V.M. M.P.H.

Bureau of Tuberculosis Control.....Clarence M. Sharp, M.D.
Division of Heart Disease Control.....Simon D. Doff, M.D., M.P.H.

Bureau of Laboratories.....Albert V. Hardy, M.D., Dr.P.H.
Miami Regional Laboratory.....Dwight E. Frazier
Orlando Regional Laboratory.....Max T. Trainer
Pensacola Regional Laboratory.....Emory D. Lord, Jr.
Tallahassee Regional Laboratory.....Robert A. Graves
Tampa Regional Laboratory.....H. D. Venters

Bureau of Maternal and Child Health.....Ralph W. McComas, M.D., M.P.H.
Division of Mental Health.....Paul W. Penningroth, Ph.D.

Bureau of Sanitary Engineering.....David B. Lee, M.S., Engineering

Bureau of Entomology.....John A. Mulrennan, Sr., B.S.A.

Bureau of Vital Statistics.....Everett H. Williams, Jr., M.S. Hyg.

Bureau of Finance and Accounts.....Fred B. Ragland, B.S.
Personnel Supervisor.....Paul T. Baker
Purchasing Agent.....G. Wilson Baltzell

Division of Health Information.....Elizabeth Reed, R.N., B.S.

Division of Nutrition and Diabetes Control.....Lorenzo A. Parks, M.D., M.P.H. Acting

Bureau of Narcotics.....Frank S. Castor, Ph.G.

COUNTY HEALTH OFFICERS

(As of December 31, 1954)

Alachua	Frank M. Hall, M.D., M.P.H.
Baker-Nassau	John W. McClane, M.D.
Bay	Albert F. Ullman, M.D.
Bradford-Clay-Union	A. Y. Covington, M.D., M.P.H.
Brevard-Osceola	James E. Speers, M.D., M.P.H.
Broward	Paul W. Hughes, M.D., M.P.H.
Calhoun-Jackson	Henry I. Langston, M.D., M.P.H.
Charlotte-DeSoto-Hardee	Joseph W. Lawrence, M.D.
Citrus-Hernando-Levy	Harold F. Bonifield, M.D.
Collier-Lee	Merwin E. Buchwald, M.D., M.P.H.
Columbia-Gilchrist-Hamilton	Joseph C. Weeks, M.D.
Dade	T. E. Cato, M.D., M.P.H.
Dixie-Lafayette-Suwannee	J. Dillard Workman, M.D.
Duval	Thomas E. Morgan, M.D., M.P.H.
Escambia	John C. McSween, M.D.
Flagler-Putnam	Norman B. Edgerton, M.D.
Franklin-Gulf-Wakulla	Warren T. Weathington, M.D., M.P.H.
Gadsden-Liberty	Frank J. Hill, M.D., M.P.H.
Glades-Hendry-Highlands	Theodore W. Weeks, Jr., M.D.
Hillsborough	Frank V. Chappell, M.D., M.P.H.
Holmes-Walton-Washington	R. N. Nelson, M.D.
Indian River-Martin-Okeechobee-St. Lucie	Neill D. Miller, M.D.
Jefferson-Madison-Taylor	Andrew P. Haynal, M.D., M.P.H.
Lake	J. Basil Hall, M.D., M.P.H.
Leon	Joseph M. Bistowish, M.D., M.P.H.
Manatee	John S. Neill, M.D.
Marion	Luther A. Brendle, M.D., M.P.H.
Monroe	Vacant
Okaloosa-Santa Rosa	J. L. Turnage, M.D.
Orange	Wade N. Stephens, M.D., M.P.H.
Palm Beach	C. L. Brumback, M.D., M.P.H.
Pasco-Sumter	Leo L. Burger, M.D.
Pinellas	Robert E. Rothermel, M.D., M.P.H.
Polk	Chester L. Nayfield, M.D., M.P.H.
Sarasota	William L. Wright, M.D., M.P.H.
Seminole	Terry Bird, M.D., M.P.H.
Volusia	Robert D. Higgins, M.D., M.P.H.

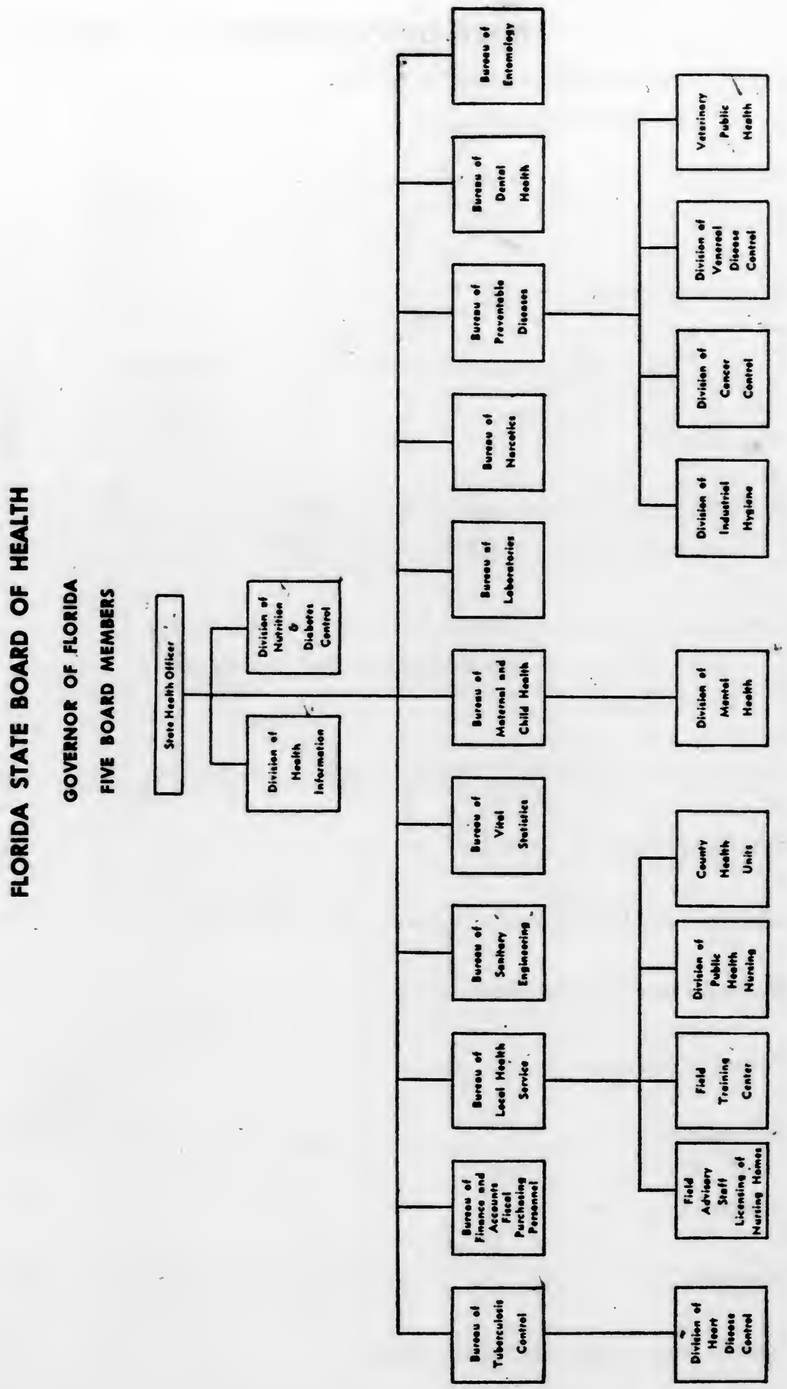


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GENERAL SUMMARY

WILSON T. SOWDER, M.D., M.P.H.

State Health Officer

The year 1954 was a very difficult one for the State Board of Health and its affiliated county health departments. Allocations of federal funds to Florida for public health were further reduced by $180,000; population of the state continued to increase at a rapid rate, and the agency faced more responsibilities than ever before. However, it is believed that because these difficulties were anticipated and planned for, major disruptions in services rendered were avoided, and efficient use was made of the funds that were available. On August 10, 1954 the Budget Commission with the Governor's approval provided an additional $75,000 of state emergency funds which reduced the handicap of federal fund reductions somewhat.

In spite of the difficulties cited above a good health program was carried on in the state and substantial progress made in controlling diseases and reducing health hazards. Some of the details of the work of the State Board of Health are outlined in the reports of the various bureaus and divisions of the State Board of Health which follow.

Due to fund shortages and many other factors the loss of trained personnel to the agency continued at a very undesirable level. The turnover of physicians, nurses and clerical personnel was especially high and prevented maximum efficiency in the work with which these groups were concerned. The recruitment of sanitary engineers became increasingly difficult and the recruitment of dentists remained as difficult as it has been for many years. A decision by the State Budget Commission that salaries would not be approved at levels beyond $10,000 aggravated the problem considerably. A further decision by the same body that not more than a 5 per cent increase in salary would be approved for salaries between $5,000 and $10,000 per year added further difficulties to the retention of competent engineers and physicians.

An epidemic of disease resembling poliomyelitis occurred in Tallahassee in October of 1954. Over 300 cases occurred and the facilities of the Tallahassee Memorial Hospital were severely taxed. At one time there were over 125 cases of this disease in the hospital from Leon County and adjacent counties. Because of the financial strain placed upon the hospital, the Governor took the leadership in making a grant of funds through the Budget Commission and the State Board of Health to the hospital in the amount of $25,000. An additional loan of $25,000 was made.

One outstanding accomplishment during the year was the completion and dedication on December 3 of a new Laboratory and Health Center building in Jacksonville at a total cost of about $600,000.

This was financed by an appropriation of $80,000 by the 1951 legislature, and fees collected by the State Board of Health which were matched equally by federal hospital construction funds. Also, during the year a contract was let for the construction of a building for research in the control of mosquitoes and other arthropods at Vero Beach. This building will cost about $200,000. In the field of community mental health, new clinics were established in Bay, Escambia and Palm Beach counties. A thorough study of the needs of the state in the field of mental health training and research was made by a committee appointed by the Governor. This committee was appointed at the suggestion of the Commission on Mental Health Training and Research, a body set up by the Southern Regional Educational Board following a resolution made by the Southern Governors' Conference. The State Health Officer served as a member of this commission.

During the year the U. S. Public Health Service made a grant of $16,000 to the State Board of Health to study the problem of rabies in bats. This followed the discovery of rabies in bats for the first time in the United States by the regional laboratory in Tampa. The National Foundation for Infantile Paralysis granted the State Board of Health $18,000 to study diarrheal diseases in monkeys which are important in research work in poliomyelitis. Since this work is being done in the National Foundation's Monkey Farm in Bluffton, South Carolina, this grant was a great compliment to the State Board of Health and to the State of Florida.

The State Board of Health also received a grant of $18,165 from the National Institute of Health to study the occurrences of malformations in newborn children.

During the year, with the Governor's consent and hearty approval, the State Board of Health worked out a cooperative plan with the Foreign Operations Administration in Washington to provide health personnel to the countries in Latin America. The Federal Government has difficulty in recruiting well trained public health personnel and it was in the interest of the State of Florida to promote in every way possible better understanding and relations with our Latin American neighbors. Under this plan, one State Board of Health physician has already been assigned as Chief of a health field party in Uruguay. This assignment will be for a two-year period after which time he will return to Florida and continue his career with the State Board of Health.

Some of the principal indications of accomplishments by the agency during the year are the continued decline in the death rate from tuberculosis, syphilis and also in the maternal death rate. Other indications were the performance of the same amount of work or more work with no increase of funds and personnel. The work loads of the following bureaus illustrate this point very clearly: the Bureau of Laboratories, the Bureau of Vital Statistics, the Bureau of Tuberculosis Control and

the Bureau of Sanitary Engineering. However, the other bureaus and divisions performed equally good work under the same difficulties even though in some cases the results cannot be shown statistically. The outstanding need of the State Board of Health and the county health departments is for more funds and personnel with which to adequately cope with the growing problems of the growing population.

The activities of the State Health Officer were about the same as in previous years although made more difficult because of the facts related above.

Articles Written by the State Health Officer:

1. Sowder, Wilson T., Mulrennan, John A., Florida's mosquito control system Pub. Health Rep. Vol. 69, No. 7 1954
2. Sowder, Wilson T., Why is the sex difference in mortality increasing? Pub. Health Rep. Col. 69, No. 9 1954

ACTIVITIES OF THE BOARD

The Board of Health re-elected Dr. Herbert L. Bryans of Pensacola as its president at the annual meeting in February. Eleven meetings were held during the year during which the following important business was transacted:

January 17 — Jacksonville, Florida

1. Discussed the Cancer Control Program with Dr. Ashbel Williams, chairman of the Cancer Council. Special attention was paid to whether or not fees should be paid to radiologists; whether the counties should participate financially in the Cancer Control Program and the amount that should be paid to hospitals for the care of state patients. As a result of this conference the maximum per diem rate for hospitals was increased from $15.00 to $16.00 per day.
2. Considered the use of a substitute for silver nitrate in the eyes of the newborn. It was decided not to authorize the use of any substitute at that time.
3. Authorized the employment of Dr. Simon Doff as part-time director of the Division of Heart Disease Control instead of full time as he had been.
4. Authorized salary increases for certain county health officers.
5. Approved the building of a research center in Indian River County and authorized the employment of an architect.
6. Reviewed the policy of purchases made by counties and mosquito control districts with state funds allocated to them and decided to leave such purchases in the hands of local agencies.

7. Discussed with the engineering staff the sewage problem in Sanford and decided that no change would be made in the policy of requiring sewage treatment.
8. Discussed Merit System matters and made some changes in the compensation plan and authorized certain increases in salaries.

February 8 — Jacksonville, Florida

1. Discussed the purchase of additional property adjoining the headquarters in Jacksonville and authorized negotiations by the State Health Officer.
2. Discussed Merit System matters and discontinued the granting of family sick leave; modified the specifications for certain classes.
3. Authorized salary increases for sixty persons.
4. Discussed the transfer of the title of a dragline to Sarasota County and approved it subject to the action of the Budget Commission.
5. Approved the terms of a contract with the architect employed to draw plans for the Mosquito Research Laboratory.
6. Discussed financial matters with the State Health Officer and director of the Bureau of Finance and Accounts.

February 9 — Jacksonville, Florida

1. Discussed with a representative of the Foreign Operations Administration the assignment of employees to foreign duty and approved a suggested plan.
2. Approved the revision of certain chapters of the sanitary code.
3. Approved the use of a new vaccine (Salk) for poliomyelitis.
4. Elected officers.

March 27 — Jacksonville, Florida

1. Revised certain chapters of the sanitary code.
2. Discussed the Sanford sewage situation further and heard Mr. Lee, director of the Bureau of Sanitary Engineering, discuss a plan for the solution of the problem which was satisfactory.
3. Discussed the problem of rabies and directed the public health veterinarian to prepare a bill on the subject.
4. Discussed a proposed arrangement with the State Livestock Sanitary Board for cooperative laboratory work and directed the director of the Bureau of Laboratories and the public health veterinarian to explore possibilities in this field.
5. Heard a report from the director of Laboratories on the operation of that Bureau.

6. Authorized the State Health Officer to investigate the titles of all property owned by the State Board of Health and to explore the possibility of acquiring the vacant lot adjoining the laboratory building in Tampa.
7. Discussed retrenchment made necessary by anticipated reductions in federal funds and approved the plan of the State Health Officer for such retrenchment.
8. Discussed Merit System matters and approved new salary ranges and specifications.
9. Appointed Dr. Paul Penningroth as director of the Division of Mental Health.
10. Approved the assignment of Dr. James Wardlaw to foreign duty.
11. Discussed purchasing procedures with the purchasing agent.

April 25 — 26 — Hollywood, Florida

1. Authorized certain salary increases.
2. Reviewed the major policies of the State Board of Health which had been established in recent years and confirmed them.
3. Discussed plans for the budget for 1955-57.
4. Directed that the director of the Bureau of Entomology, the director of the Bureau of Finance and Accounts and the Purchasing Agent be responsible for the preparation of specifications, letting of bids and the making of recommendations to the State Health Officer for acceptance of the lowest and/or best bid; the Board to make the final decision on the letting of the contract for the mosquito research laboratory.

May 23 — Jacksonville, Florida

1. Discussed county health department problems with a group of county health officers.
2. Authorized certain salary increases and promotions.
3. Discussed sanitation problems in Hillsborough County with the county health officer and the director of the Bureau of Sanitary Engineering.
4. Adopted a minor change in the State Sanitary Code.
5. Endorsed a bill proposed by Congressman George Smathers insuring mortgages for community facilities.
6. Reviewed the plans for the proposed mosquito research laboratory.
7. Discussed the red tide problem with the director of the Division of Industrial Hygiene.

8. Discussed anticipated fund appropriations and a proposed request of the Budget Commission for emergency funds.
9. Approved a contract with the Foreign Operations Administration for the assignment of personnel to foreign duty.
10. Approved the attendance by the State Health Officer and Dr. James Wardlaw at a meeting in Panama.

June 14 — Tallahassee, Florida

1. Approved minor changes in the Merit System regulations and certain amendments in class specifications.
2. Approved salary increases for certain county health officers.
3. Discussed rules and regulations pertaining to the mosquito control law.
4. Discussed the financial situation and other problems with the Governor.

August 22 — Jacksonville, Florida

1. Established a Division of Veterinary Public Health.
2. Discussed city ordinances on milk sanitation and recommended to all cities that a maximum 200,000 bacterial count be established as a safe standard in milk ordinances.
3. Revised the rules and regulations governing the operation of the Cancer Control Program.
4. Discussed the closing of schools during the polio outbreak with the director of the Bureau of Preventable Diseases.
5. Adopted rules and regulations for the mosquito control program.
6. Reaffirmed its policy banning the supplementations of salary in counties and mosquito control districts.
7. Adopted amendments to the structural pest control rules and regulations.
8. Made certain changes in salary ranges and specifications and approved certain salary increases.
9. Nominated Dr. W. G. McLeod for re-appointment as a member of the Merit System Council.
10. Discussed the city water supply of the town of Webster in Sumter County.
11. Discussed the city water supply problem of the Lynnwood Subdivision in Duval County.
12. Adopted rules and procedures for hearings in connection with the nursing home licensure program.

13. Removed the rules and regulations for the practice of midwifery from the sanitary code and made them separate, and adopted new rules and regulations.
14. Discussed a matter involving a part-time employee in Tallahassee.

September 19, 1954 — Jacksonville, Florida

1. Made an exception to the Board's policy on salary supplements for an employee in Escambia County.
2. Raised the maximum per diem for hospitals for indigent cancer cases from $16.00 to $17.00.
3. Accepted the bid of the Stephens Construction Company for the Entomological Research Center in Vero Beach.
4. Discussed Merit System matters and approved certain changes in the Merit System Regulations and changed certain specifications.
5. Discussed the problem of milk sanitation in Bradenton.

November 27-28 — Miami, Florida

1. Reviewed the findings and approved the actions of a meeting held in Jacksonville on October 31 at which only two members were present and no quorum was present.
2. Adopted certain changes in the regulations to control psittacosis.
3. Discussed the proposed budget for 1955-57.
4. Recommended that the Budget Commission and Legislature approve higher salaries for the State Health Officer and other personnel.
5. Discussed the milk situation in Bradenton.
6. Approved the appointment of a director of the Field Advisory Staff.
7. Approved the appointment of a part-time psychiatric consultant.
8. Approved the appointment of an Administrative Analyst to work under the State Health Officer.
9. Discussed Merit System problems.

BUREAU OF FINANCE AND ACCOUNTS

FRED B. RAGLAND, B.S., Director

The business management of the State Board of Health is the responsibility of the Bureau of Finance and Accounts and includes all fiscal and finance, personnel, purchasing and property control activities. The bureau serves all of the bureaus and divisions and county health units in the payment of salaries, travel expenses and other obligations of the Board; the personnel actions such as recruitment, employment, termination, reclassification, salary changes, leave records, efficiency reports and training records; the purchase of goods and supplies on a competitive basis, the control of property; the maintenance and upkeep of buildings and grounds; the operation of the duplicating department.

FISCAL SECTION

The financial transactions of the State Board of Health for the fiscal year ended June 30, 1954, as reflected by the records of the Bureau are presented in a condensed form in Tables 2-4 and in Figure 1.

A detailed financial report for the fiscal year ended June 30, 1954, has been prepared and distributed to the Governor, members of the State Board of Health, and all bureaus, divisions and county health units of the State Board of Health.

The funds received (or appropriated) for the fiscal year ended June 30, 1954, were from the following major sources:

State Appropriations and Funds	$4,682,004.27	57.8%
From Local Agencies for County Health Units	2,470,397.58	30.5%
From Federal Grants-in-Aid	919,011.26	11.3%
From Private Contributions	33,887.08	.4%
TOTAL	$8,105,300.19	100 %

Objectively, the operating and capital expenditures by the State Board of Health were for:

Personal Services (Salaries and Professional Fees)	$4,383,187.35	57.6%
Contractual Services (Repairs, Utilities, Travel Expense, Cancer Program—Fees and Hospitalization)	940,541.56	12.4%
Commodities (Office, Medical, Laboratory, Mosquito Control, Educational)	543,516.70	7.1%
Current Charges (Rents, Insurance, Merit System Costs, Registrar Fees)	141,158.09	1.8%

Capital Outlays (Equipment and Fixed Assets)	592,646.96	7.8%
Grants to Counties and Mosquito Control Districts, Chapter 389.21, Fla. Statutes	1,011,508.37	13.3%
TOTAL	$7,612,559.03	100 %

In addition to funds reported in the annual financial report and summarized above, certain other funds and services were made available by the Public Health Service of the U. S. Department of Health, Education and Welfare to activities of the Board but were not paid directly to the State Board of Health. They include:

Value of Public Health Service personnel on loan to the Board in Preventable Disease Programs	$78,993.34
Value of personal services, supplies and equipment furnished by Public Health Service Communicable Disease Center for mosquito control activities under the Board's supervision	9,320.00
TOTAL	$88,313.34

Fiscal operation followed a budget plan of 119 departmental budgets. These budgets were occasionally revised to meet changing situations. The majority of the revisions involved County Health Unit budgets primarily because the fiscal year of the County differs from fiscal year of the State. At the time County Health Unit budgets were initially prepared, it was not known exactly what local funds would be available in each instance. It was, therefore, necessary to revise a number of the County Health Unit budgets during the year after the availability of funds from County sources was determined.

PERSONNEL OFFICE

PAUL T. BAKER

The year 1954 was marked by steady progress in the field of personnel administration. In conformity with established policy, continued steps were taken to strengthen the Merit System structure in the State Board of Health. Diligent attention was given to insure that all appointments and terminations were made in accordance with the rules adopted by the Board.

Leave records were developed and maintained, and service ratings were obtained and recorded.

Records of in-service and post-graduate training of employees were maintained and the application of regulations governing such training was assured. All employees at the main office were encouraged by the Personnel Supervisor to discuss their employment problems, if any, with him. At the times prescribed for consideration by the State Board of Health of salary increases, full information concerning each employee was made available to the Board in order that employees might be treated fairly and equitably.

The payrolls for all employees were prepared in the personnel office and forwarded to the State Comptroller for payment. All matters pertaining to the Retirement Plan were handled with dispatch.

Prompt action was taken immediately after the Merit System examinations to regularize the Merit System status of each provisional employee. Employees were notified without delay upon attainment of permanent status.

During the calendar year the recruiting problems were resolved in a very satisfactory manner. Little difficulty was encountered in filling the requirements, although sanitary engineers, dentists and stenographers continued to be in short supply. The generous State Retirement Plan contributed considerably to the successful recruiting program and to the retention of personnel after employment.

Salary increases were given to most of the personnel during the year. These increases were predicated on the basis of merit. Working conditions were satisfactory and the morale of employees continued to be high.

At the end of the year sixty-six (66) of Florida's sixty-seven counties had organized health departments which were operating under the Merit System.

On December 31, 1954 there were 1382 State employees (including those in the county health units) and 13 federal employees on

loan to this agency. On December 31, 1953 there were 1342 State employees and 14 federal employees.

During the year there were 406 employments and 366 terminations. The principal reasons for terminations include marriage, pregnancy, transfer of husbands from area, completion of work for which employed and acceptance of more profitable employment elsewhere.

A tabulation of new employment, terminations and turnover rates according to classification is shown in the table below.

TABLE 1

NEW EMPLOYMENTS, TERMINATIONS, AND TURNOVER RATES, BY CLASSIFICATION

Classification	*New Employments*	*Terminations*	*Turnover Rate**
Total	406	366	26.87%
Health Officers	13	15	25.42%
Sanitary Engineers	4	5	19.23%
Sanitarians	21	21	11.23%
PH Nurses	89	65	19.40%
Clerical	103	94	28.75%
Others	176	166	38.69%

*Turnover rate—terminations divided by average number of employees.

On December 31, 1954, the Merit System status of the State Board of Health personnel was as follows:

Permanent and Probational	1118
Provisional	22
Temporary	0
Emergency	4
Exempt and Part-time	238
TOTAL	1382

During the year specifications were adopted for 7 new classifications; specifications were revised for 20 classifications; 17 classifications were abolished and the salary ranges of 3 were revised.

Postgraduate training on a stipend basis for one full academic year was completed successfully during 1954 by 4 health officers; 4 public health nurses; 1 sanitary engineer; 3 sanitarians and 1 bacteriologist.

PURCHASING AND PROPERTY

G. WILSON BALTZELL, Purchasing Agent

During 1954 the Purchasing Agent received 2104 requisitions for equipment and supplies from the various departments, and 3868 purchase orders were issued, totalling $650,550.69.

This was an exceptionally busy year for the Purchasing and Property Department due mainly to the expanded and intensified program for mosquito control activities and equipping the new building addition.

The Purchasing Law passed by the last Legislature affected us only as it applied to advertising in newspapers for purchases in excess of $2,000.00. Otherwise, there were no changes or variations in our purchasing procedures.

Property records are being kept at current levels. The system of memorandum receipts has been installed and the inventory of the central office was completed during 1954. The forwarding of annual inventories requested by the State Fire Insurance Commissioner can now be accomplished each year. The new building addition completed during this year and the subsequent moving of various bureaus and divisions called for numerous changes in the records. All of this is up to date.

The State Board of Health carries automobile insurance on the fleet of passenger cars, trucks, trailers, etc. This includes Public Liability, Property Damage, Fire, Theft and Comprehensive. During the year five claims were settled by our companies amounting to $406.65, and claims for theft and comprehensive were settled for $267.33.

The State Board of Health acts as self insurer for collision coverage, and in 1954 damages to our cars which we assumed amounted to $374.48. Damages to our cars caused by others amounted to $582.26, and these were settled by individuals causing the damages or their insurance companies. Under our floater policy covering scientific equipment in transit an electric generator used for auxiliary current for tuberculosis X-ray surveys was damaged by overturning and settlement of $1,841.11 was made for repairs and replacements.

Fire insurance on buildings and contents is carried in the State Fire Insurance Fund, under supervision of the State Fire Insurance Commissioner.

BUILDINGS AND GROUNDS

Since the new building addition was completed and is now being occupied by the several bureaus and divisions formerly housed in the old Administration Building at St. Johns Shipyard, we have given up tenancy there except a small area on the second floor which is still

retained by the Bureau of Entomology. It is hoped that the next Legislature will make it possible for another building addition so that the two inadequate temporary buildings can be removed and all bureaus and divisions brought together again.

The Superintendent has the responsibility of maintaining and operating all buildings and the upkeep of the grounds. Maintenance personnel have carried out their duties most efficiently considering the moving and changes which have been taking place.

The maintenance shop has been moved from the temporary warehouse to the basement vacated by the laboratory supply and washroom giving more room for their operations.

During this year the upkeep of automobiles and trucks in the Jacksonville area has been put under the supervision of the Maintenance Section, and has proved to be a most satisfactory and economical move.

Property was acquired at the southeast corner of Pearl and Second Streets for future use as a building site.

DUPLICATING

The Duplicating Department, located in the basement of the Julia Street building, is still serving the various departments satisfactorily and economically, effecting savings by being able to supply printing requirements at costs much less than could be obtained from commercial printers. The laboratory operations which were previously housed in the basement have now been moved to the new building, allowing more room for Duplicating. Space is sufficient, but additional equipment and personnel is needed to perform all work requested of this section.

TABLE 2

SUMMARY OF RECEIPTS AND DISBURSEMENTS AND BALANCES FOR THE FISCAL YEAR ENDED JUNE 30, 1954

RECEIPTS

FROM STATE FUNDS

From State Appropriations:	
Salaries	$ 715,034.00
Expenses	610,567.67
Emergency Cancer Fund Release	52,000.00
State Mental Health	75,000.00
Licensing of Nursing Homes	25,000.00
County Mosquito Control	350,000.00
Mosquito Control Under Chapter 389.21, Florida Statutes 1953	250,000.00
State Matching Mosquito Control, Chapter 389.21, Florida Statutes 1953	1,250,000.00
County Health Units	1,100.000.00
Franklin County Marine Laboratory	9,800.00

Other:	
Medical Laboratory Control	740.00
State Board of Health Trust Fund	198,751.60
Bedding Inspection Administration	44,826.00
Advisory Hospital Council	285.00
TOTAL STATE FUNDS	$4,682,004.27

FROM FEDERAL GRANT-IN-AID

Public Health Service:	
General Health	$ 219,172.00
Venereal Disease	165,979.75
Tuberculosis Control	85,594.00
Heart Disease	26,677.00
Cancer Control	47,151.00
Mental Health	44,177.00
Prevention and Control Centers	82,515.00
Children's Bureau:	
Maternal and Child Health	247,745.51
TOTAL FEDERAL GRANT-IN-AID	$ 919,011.26

FROM PRIVATE CONTRIBUTIONS

Grants and Donations	$ 33,887.08
TOTAL PRIVATE CONTRIBUTIONS	$ 33,887.08

TABLE 2—Continued

FROM LOCAL AGENCIES FOR COUNTY HEALTH UNITS	$2,470,397.58
Total Receipts	$8,105,300.19
Balances July 1, 1953	1,167,038.12
Total Receipts and Balances	$9,272,338.31

DISBURSEMENTS

OPERATING EXPENSES

Personal Services:	
Salaries	$4,329,545.84
Professional Services and Consulting Services	53,641.51
Contractual Services:	
Travel Expenses, including subsistence and lodging	503,302.11
Communication and Transportation of Things	110,754.68
Utilities	24,586.97
Repairs and Maintenance	34,376.13
General Printing and Reproduction Services	22,590.40
Support and Care of Persons	209,312.95
Other Contractual Services	35,618.32
Commodities:	
Bedding, Clothing, Linens and other Textile Products	961.37
Building and Construction Materials and Supplies	4,651.26
Coal, Fuel Oil and Other Heating Supplies	6,718.62
Educational, Medical, Scientific and Agricultural Materials and Supplies	382,431.37
Maintenance Materials and Supplies	25,510.05
Motor Fuels and Lubricants	44,304.09
Office Materials and Supplies	74,154.35
Other Materials and Supplies	4,785.59

Current Charges:	
Insurance and Surety Bonds	28,145.49
Rental of Buildings and Equipment	57,360.19
Other Current Charges and Obligations	36,535.19
Merit System	19,117.22
Total Operating Expenses	$6,008,403.70

CAPITAL EXPENSES

Books	$ 3,116.54
Buildings and Fixed Equipment	431,828.52
Educational, Medical, Scientific and Agricultural Equipment	64,536.28
Motor Vehicles — Passenger	9,537.35
Motor Vehicles — Other	31,297.08
Office Furniture and Equipment	24,162.87
Other Capital Outlay	3,168.32
Land	25,000.00
Total Capital Expenses	$ 592,646.96
TOTAL OPERATING AND CAPITAL EXPENSES	$6,601,050.66
Grants to Counties & Mosquito Control Districts, Chapter 389.21 Florida Statutes 1953	$1,011,508.37
Total Program Expenses	$7,612,559.03

NON-OPERATING DISBURSEMENTS

Refunds, Transfers and Revolving Fund Establishments	$ 2,339.30
TOTAL DISBURSEMENTS	$7,614,898.33
Balances June 30, 1954	1,657,439.98
TOTAL DISBURSEMENTS AND BALANCES	$9,272,338.31

TABLE 3

SCHEDULE OF EXPENSES

BY PUBLIC HEALTH PROGRAM ACTIVITY

Health Services to mothers, infants, preschool and school children	$1,303,732.34
Statewide Venereal Disease Control Diagnosis and referral of infectious Venereal Disease Patients to the Prevention and Control Centers and operation of Centers	752,084.90
Mosquito and Pest Control Programs, including pest control law enforcement	1,851,541.75
Statewide Sanitary Engineering and Environmental Sanitation	725,440.89
Statewide Tuberculosis Control, X-ray Surveys, and follow-up work	590,949.36
Statewide Cancer Control Program	226,995.05
Mental Health Program	207,265.27
Statewide Narcotics, Drugs, Medical practice law enforcement	81,216.39
Heart Disease Program	82,377.22
Industrial Hygiene Program	20,462.17
Building Construction, Jacksonville	420,391.29
Other Health Programs and Administration	1,350,102.40
Total Expenses	$7,612,559.03

SCHEDULE OF EXPENSES BY FUNCTIONAL ACTIVITY

General Administration and Misc. Training	$ 354,135.66
Vital Statistics	165,413.58
Health Information	52,861.76
Narcotics Enforcement	62,725.20
Sanitary Engineering	187,089.51
Entomology and Mosquito Control	1,492,640.83
Laboratories	369,823.86
Tuberculosis Control	104,469.73
Preventable Diseases (excluding Tuberculosis)	304,231.68
Chronic Diseases	293,994.72
Maternal and Child Health	100,567.90
Local Health Service	111,775.12
Building Construction, Jacksonville	420,391.29
County Health Units	3,592,438.19
Total Expenses	$7,612,559.03

SUMMARY OF TOTAL EXPENSES BY MAJOR FUNCTIONAL LEVELS

State Level — Organizational Units		
State Funds	$1,551,336.66	
Federal Funds	430,317.34	
Private Funds	3,036.72	
		$1,984,690.72
State Level — Special Services		
State Funds	$1,735,234.67	
Federal Funds	296,844.67	
Private Funds	6,779.80	
		$2,038,859.14
*County Health Units		
State Funds	$1,052,307.44	
Federal Funds	196,214.71	
Local Funds	2,340,487.02	
		$3,589,009.17
GRAND TOTAL		$7,612,559.03

* Total County Health Units expenditures $3,589,009.17 represents per capita expenditures of $1.43 (50c State and Federal Funds and 93c Local Funds) based on population served by County Health Units of 2,515,613 (1950 Census.) For comparison with previous years, see 1953 Annual Report, Table 3, Page 15; 1952 Annual Report, Table 2, Page 16; 1951 Annual Report, Table 2, Page 24; and 1950 Annual Report, Chart 1, Page 16.

TABLE 4
FUNDS RECEIVED BY COUNTY HEALTH UNITS FROM STATE BOARD OF HEALTH AND FROM LOCAL SOURCES FOR THE FISCAL YEAR ENDED JUNE 30, 1954

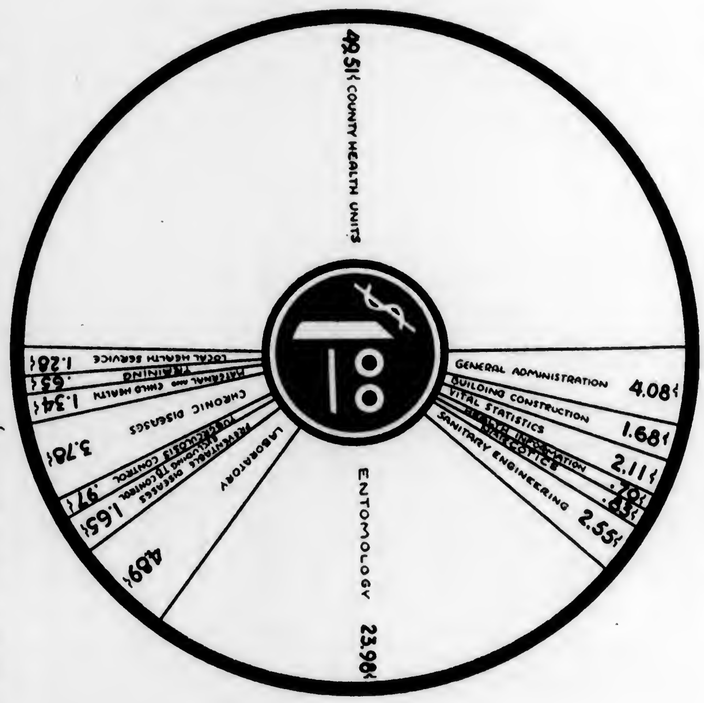
COUNTY	Total Funds	STATE BOARD OF HEALTH				LOCAL FUNDS				
		Total	State	State Mental Health	Federal	Total	Board of County Commissioners	Board of Public Instruction	Cities	Fees & Miscellaneous
ALACHUA	$ 78,804.88	$ 84,916.00	$ 25,001.00	$ 4,455.00	$ 5,460.00	$ 48,888.88	$ 33,161.15	$ 2,500.00	$ 6,600.00	$ 1,127.68
BAKER	14,869.10	7,482.00	7,482.00			7,387.10	7,851.85			35.25
BAY	49,877.66	25,269.00	25,269.00			24,618.66	24,041.34			577.32
BRADFORD	25,188.44	12,682.00	12,682.00			12,501.44	7,085.02	2,800.00	2,600.00	66.42
BREVARD	82,899.00	16,961.00	16,961.00			15,938.00	12,500.00	3,000.00		438.00
BROWARD	108,685.44	35,680.00	24,880.00	700.00	10,050.00	73,005.44	54,920.76	10,680.00	1,080.00	6,374.68
CALHOUN	14,884.50	8,280.00	8,280.00			6,554.50	6,500.00			54.50
CHARLOTTE	8,940.23	5,044.00	5,044.00			3,896.23	2,000.00	1,860.00		36.23
CITRUS	15,224.07	7,544.00	7,544.00			7,680.07	5,049.32	2,600.00		80.75
CLAY	26,021.12	13,180.00	13,180.00			12,841.12	10,282.37		2,400.00	158.75
COLLIER	15,975.50	8,009.00	8,009.00			7,966.50	7,914.00			52.50
COLUMBIA	26,290.64	12,685.00	12,685.00			13,605.64	10,060.47	3,300.00		246.17
COUNTY HEALTH UNIT-STATE AT LARGE	10,908.10	10,908.10	10,908.10			585,914.68	506,825.97			29,088.71
DADE	678,000.44	197,085.76	69,106.00		67,979.76	108,114.56	4,845.28	1,250.00		125.50
DESOTO	14,815.73	8,595.00	8,595.00			6,220.73	4,094.87	600.00		26.98
DIXIE	9,570.85	4,849.00	4,849.00			4,721.85	56,141.49	6,000.00	12,960.00	1,889.00
DUVAL	119,091.80	48,101.31	34,166.00	2,660.00	11,875.31	5,260.45	74,354.57	6,000.00	24,357.49	2,902.50
ESCAMBIA	147,438.56	89,824.00	87,124.00		2,200.00	8,517.80	2,968.40	2,278.80		47.50
FLAGLER	9,417.45	4,157.00	4,157.00			19,962.92	13,999.92	3,980.00	1,000.00	1,088.00
FRANKLIN	15,694.80	7,177.00	7,177.00			4,881.78	2,018.58	2,800.00		18.25
GADSDEN	41,799.92	21,837.00	21,837.00			4,929.89	4,924.64			5.25
GILCHRIST	9,401.78	4,570.00	4,570.00			9,879.41	6,791.41	3,000.00		88.00
GLADES	8,405.89	3,476.00	3,476.00			4,450.00	2,175.00	2,175.00	25.00	75.00
GULF	19,088.41	9,209.00	9,209.00			9,564.52	9,483.91			80.61
HAMILTON	11,798.00	7,343.00	7,343.00			5,381.88	5,274.08			57.75
HARDEE	19,994.62	10,430.00	10,430.00			8,717.34	1,800.00	1,800.00		117.34
HENDRY	11,904.88	6,678.00	6,678.00			12,589.49	12,428.99			160.50
HERNANDO	9,556.84	5,839.00	5,839.00			361,622.04	298,305.85		1,200.00	62,116.19
HIGHLANDS	25,768.49	18,174.00	18,174.00			7,717.50	3,810.00	3,840.00		67.50
HILLSBOROUGH	486,188.87	74,616.33	30,658.00	1,122.88	42,741.45	9,194.61	7,874.86	1,200.00	600.00	119.75
HOLMES	19,007.50	11,290.00	11,290.00			22,196.01	18,302.28	3,000.00		292.75
INDIAN RIVER	19,780.61	10,586.00	10,586.00			4,922.73	1,600.00	3,200.00		122.73
JACKSON	48,701.01	21,506.00	21,506.00			8,769.25	1,800.00	1,960.00		9.25
JEFFERSON	14,859.78	9,487.00	9,487.00			39,482.21	35,686.69		3,410.00	385.52
LAFAYETTE	8,016.25	4,247.00	4,247.00			22,682.62	21,936.37			746.25
LAKE	65,460.21	28,998.00	28,998.00							
LEE	46,415.62	22,788.00	22,788.00							

TABLE 4 (continued)

FUNDS RECEIVED BY COUNTY HEALTH UNITS FROM STATE BOARD OF HEALTH AND FROM LOCAL SOURCES FOR THE FISCAL YEAR ENDED JUNE 30, 1954

COUNTY	Total Funds	STATE BOARD OF HEALTH				LOCAL FUNDS				
		Total	State	State Mental Health	Federal	Total	Board of County Commissioners	Board of Public Instruction	Cities	Fees & Miscellaneous
LEON	$ 87,924.38	$ 41,794.90	$ 31,988.65	$ 2,400.00	$ 7,456.25	$ 46,129.48	$ 43,805.48	$ 1,500.00	$ 300.00	$ 524.00
LEVY	18,526.61	10,207.00	10,207.00			8,319.61	4,498.36	3,737.50		83.75
LIBERTY	9,229.83	8,928.00	8,928.00			5,301.83	2,738.33	2,550.00		13.50
MADISON	18,526.75	11,104.00	11,104.00			7,422.75	3,800.00	3,500.00		122.75
MANATEE	42,988.75	21,327.25	21,327.25			21,661.50	20,515.00			1,146.50
MARION	53,283.12	26,689.00	26,689.00			26,594.12	26,198.37			395.75
MARTIN	15,182.66	7,646.00	7,646.00			7,536.66	7,328.11			208.55
MONROE	47,698.99	21,833.00	21,833.00			25,865.99	14,199.08	4,000.00	5,979.21	1,687.75
NASSAU	33,478.04	15,122.00	15,122.00			18,351.04	14,041.79	4,000.00	180.00	129.25
OKALOOSA	29,030.64	16,766.00	16,766.00			12,264.64	9,126.64	2,700.00		438.00
OKEECHOBEE	12,588.50	4,264.00	4,264.00			8,324.50	8,090.00			284.50
ORANGE	120,770.98	43,698.00	32,418.00	7,145.00	4,135.00	77,072.98	51,865.98	10,000.00	2,600.00	12,607.00
OSCEOLA	18,963.50	11,353.00	11,353.00			7,610.50	4,500.00	2,400.00		710.50
PALM BEACH	162,114.11	43,743.00	38,673.00	690.00	4,380.00	118,371.11	72,460.00	16,915.00	20,551.98	8,444.13
PASCO	22,065.25	13,096.00	13,096.00			8,969.25	4,000.00	4,000.00		969.25
PINELLAS	317,721.68	68,852.20	37,833.00	1,305.00	29,714.20	248,869.48	208,060.35			40,809.13
POLK	115,623.37	41,347.74	34,665.00		6,682.74	74,275.63	68,304.14			5,971.49
PUTNAM	25,711.83	14,805.00	14,805.00			10,906.83	10,666.58			240.25
ST. LUCIE	27,934.89	15,789.00	15,789.00			12,145.89	11,467.89			678.00
SANTA ROSA	20,995.08	12,644.00	12,644.00			8,351.08	2,400.00	5,846.58		104.50
SARASOTA	58,681.88	26,845.00	25,705.00		1,140.00	32,286.88	30,773.39			1,513.44
SEMINOLE	29,836.00	16,495.00	16,495.00			13,341.00	7,700.00	5,400.00		241.00
SUMTER	14,482.29	8,924.00	8,924.00			5,558.29	2,000.00	3,500.00		58.29
SUWANNEE	25,484.85	15,780.00	15,780.00			9,704.85	9,382.68	166.67		155.50
TAYLOR	15,270.00	9,185.00	9,185.00			6,085.00	5,750.00	250.00		85.00
UNION	13,634.75	8,063.00	8,063.00			5,571.75	5,550.00			21.75
VOLUSIA	148,737.75	47,044.00	39,669.00	4,475.00	2,900.00	101,693.75	86,000.00	9,800.00		5,893.75
WAKULLA	10,826.50	5,821.00	5,821.00			5,005.50	4,989.00			16.50
WALTON	22,930.00	12,589.00	12,589.00			10,341.00	4,800.00	4,200.00	1,200.00	141.00
WASHINGTON	19,645.50	11,178.00	11,178.00			8,467.50	4,198.75	3,400.00	780.00	88.75
TOTALS	$3,789,464.67	$1,321,067.09	$1,100,000.00	$ 24,852.88	$ 196,214.71	$2,468,397.58	$2,086,429.49	$ 151,639.55	$ 87,823.68	$ 192,504.86

PROPOSED BUDGET FOR FLORIDA STATE BOARD OF HEALTH FOR 1955



GENERAL ADMINISTRATION	329,272	4.08¢
BUILDING CONSTRUCTION	135,000	1.68¢
VITAL STATISTICS	170,020	2.11¢
HEALTH INFORMATION	56,000	.70¢
NARCOTICS	67,320	.83¢
SANITARY ENGINEERING	205,620	2.55¢
ENTOMOLOGY	1,934,000	23.98¢
LABORATORY	394,780	4.89¢
PREVENTABLE DISEASES (EXCLUDING TB CONTROL)	133,480	1.65¢
TUBERCULOSIS CONTROL	77,860	.97¢
CHRONIC DISEASES	305,145	3.78¢
MATERNAL AND CHILD HEALTH	107,940	1.34¢
TRAINING	52,175	.65¢
LOCAL HEALTH SERVICE	103,640	1.28¢
COUNTY HEALTH UNITS	3,993,120	49.51¢
	8,065,432	ONE DOLLAR

TABLE 5
DISTRIBUTION OF PERSONNEL—STATE BOARD OF HEALTH
(OTHER THAN COUNTY HEALTH DEPARTMENTS)
DECEMBER 31, 1954

Bureau or Division	Physicians	Nurses	Dentists	Sanitary Engineers	Sanitarians	Laboratory Personnel (Professional and Technical)	Health Educators	Nutritionists	Statisticians	Clerical, Administrative and Fiscal	Maintenance and Custodial Workers	Other	Part-Time (All)	Federal Employees	Total
Administration—SHO	1									3		3	1		8
Dental Health			2				1			1					4
Finance and Accounts — Fiscal										11					11
Finance and Accounts — Personnel										6					6
Finance and Accounts — Purchasing and Property										8	13	3			24
Finance and Accounts — Total							2			25	13	3			41
Health Information										4	1	2	1		10
Laboaratories — Jacksonville	1	1				33				7	21	2			65
Laboaratories — Miami						11				2	3	2			18
Laboaratories — Orlando						2				1	3				6
Laboaratories — Pensacola						2				1	3				6
Laboaratories — Tallahassee						3					2		2		7
Laboaratories — Tampa						9				3	7	1			20
Laboaratories — Total	1	1				60				14	39	5	2		122
Local Health Service — Bureau	1									2					3
Local Health Service — PH Nursing		4								2					6
Local Health Service — Field Advisory Staff		2			2					2		1			7
Local Health Service — Field Training Center		1			1					1					3
Local Health Service — Total	1	7			3		1			7		1	2		19
Maternal and Child Health — Bureau	1						1			1		2	1		5
Maternal and Child Health — Mental Health		1					1			1		2	3		6
Maternal and Child Health — Total	1	1					2			2		2			11
Narcotics								4		3	4	6			18
Nutrition and Diabetes Control						1	1			1					5
Preventable Diseases — Bureau	1									1					4
Preventable Diseases — Cancer Control										4					4
Preventable Diseases — Industrial Hygiene	1					1				1					3
Preventable Diseases — Venereal Disease Control							1			7		2		11	21
Preventable Diseases — Veterinary Public Health												1			1
Preventable Diseases — Total	2			15*	5	2	2			13		3		11	33
Sanitary Engineering				2	2	14				13		3			39
Entomology										5	3	22	2		50
TB Control — Bureau	1									8		7			16
TB Control — Heart Disease Control		1				1			1	2			2		7
TB Control — Total	1	1				1			1	10		7	2		23
Vital Statistics							2		2	41	1	3			49
Grand Total	7	10	2	17	10	80	9	4	3	142	61	60	11	11	427

*One on Academic Leave.

FINANCE AND ACCOUNTS 21

TABLE 6
DISTRIBUTION OF PERSONNEL IN COUNTY HEALTH DEPARTMENTS—DECEMBER 31, 1954

COUNTIES	Physicians	Nurses	Dentists	Sanitary Engineers	Sanitarians	Laboratory Personnel (Professional and Technical)	Health Educators	Nutritionists	Statisticians	Clerical, Administrative, and Fiscal	Maintenance and Custodial Workers	Other	Part-Time (All)	Federal Employees	Total
Alachua	1	8			2	1				4	1	1	3		18
Baker		1								1					1
Bay	1	6			1					2			1		8
Bradford		2								2					4
Brevard	1*	4	1		1	1				7	1	1	1		14
Broward	1	14					1			1					16
Calhoun		1								1					2
Charlotte		1								1					2
Citrus	1*	1								1					2
Clay	1*	2								1			1		4
Collier		1								1					2
Columbia		2								1					3
Dade	1*	72				1				28	5	4	10		165
De Soto	6†	1								1			1		2
Dixie		1								1					2
Duval	1	10				1				6	3	5	3	1	33
Escambia	2	10			4					7		3	1		32
Flagler		1			8								1		2
Franklin	1*	1			1					1			1		5
Gadsden	1*	5			1					2	1				11
Gilchrist		1													1
Glades															2
Gulf		2			1					1			1		5
Hamilton	2*†	1		1	1					1			1		4
Hardee		2			1					1			1		6
Hendry		1			1					1			1		3
Hernando		1								1					2
Highlands	1*	2			2					1					7
Hillsborough	6	33†	1		15					21	17	21	11		127
Holmes		2			1					1					4
Indian River		2			1					1					4
Jackson	1*	4		2	1					2	1				10
Jefferson	1*	1			1					1					3
Lafayette		1													1
Lake		6			3					3					9
Lee	1*	6			3		1			2	2	1			15
Leon	1*	4			1					6	1	2			14
Levy		6			2					1					9
Liberty		2			1					1					4
Madison		1			1					2					4
Manatee	1	4			2					2	1	1	1		12
Marion	1	6			2					1					10
Martin		1			1					3	1	1	1		7
Monroe		3			2					1					6
Nassau	1*	3			1					2					6
Okaloosa	1*	3			2					1					6
Okeechobee		1								1					2
Orange	1	12		1	5		1			7	17	3	8	1	39
Osceola		1			1					1			1		3
Palm Beach	1	12			7					7	1	4	9		47
Pasco	1*	17†	1		1					1	1				5
Pinellas	4	21			1					17	5	4	1		73
Polk	1	9†	1	1	15					17		2	1		35
Putnam	1*	2			1					1					7
Santa Rosa		2			1					3		2			6
Sarasota		6			3					1					13
Seminole	1	2			1					3		2	1		6
St. Lucie	1*	2			2					1					9
Sumter		1			1					1		1			4
Suwannee	1*	2			2					1	1		1		7
Taylor		1			1					1					4
Union		1			1					1			1		3
Volusia	1	12			1					4	4	7	1		36
Wakulla		1			1					1			1		3
Walton	1*	2			1					1			1		6
Washington		2			2					1			1		6
Total	51	337	4	8	177	4	4			189	44	64	84	2	968

*Serves two or more counties—See Roster of County Health Officers.
†One on Academic Leave.

BUREAU OF VITAL STATISTICS

EVERETT H. WILLIAMS, JR., M.S., Hyg., Director

A summary of the activities of the Bureau of Vital Statistics and a brief analysis of statistical data based on preliminary tabulations are given in this text. An analysis of vital statistics and morbidity data for 1954 in greater detail is presented in Supplements 1 and 2 of this report under the titles "Florida Vital Statistics, 1954," and "Florida Morbidity Statistics, 1954."

POPULATION

The population of the state continued to grow at a rapid pace. The estimated figures as of July 1, 1954 are: total population, 3,481,528; white, 2,797,718, and nonwhite, 683,810.

These estimates were prepared by the Bureau of Vital Statistics and are based upon the increment of the school population of each county between the census year 1950 fall enrollment and the fall school term of 1954. The population of each county in 1950 was increased or decreased according to the percentage change of the school population between 1950 and 1954. This method yields a figure closer to the Bureau of the Census estimate than previously used methods. The sharp increase over the 1953 estimate is chiefly the result of the adoption of this new technique of estimation. Much of the apparent reduction in birth and death rates between 1953 and 1954 has resulted from the adoption of this method of population projection. It is believed that the current estimate reflects the present population of the state with reasonable accuracy. Birth and death rates contained in this report are based on these estimates.

BIRTHS

Births to Florida residents increased by almost 5,000 to a total of 85,011. The birth rate in 1954 was 24.4 per 1,000 population. There were 61,529 white births with a rate of 22.0 and 23,482 colored births with a rate of 34.3 per 1,000 population. The 1954 total was the highest number of births registered in the history of the Bureau and reflects the continued growth of population. Births by race, by county are shown in Table 10. The trend of births is indicated by Table 8, which gives the resident births and birth rates for the period 1931 to 1954.

DEATHS

Despite the sharply upward trend of population growth of about 6 per cent a year, resident deaths increased by only 3 per cent over 1953 to a total 31,433. The death rate was 9.0 per 1,000 population.

There were 24,063 white deaths with a rate of 8.6 per 1,000. It is noteworthy that despite a continued growth of the colored population, there were fewer colored deaths (7,370) in 1954 than in 1953 (7,429). The colored death rate in 1954 was 10.8 per 1,000 population. Deaths and death rates by cause and race are presented in Table 9.

Cardiovascular-renal diseases continued to be the major causes of mortality with 15,923 deaths attributed to these causes. There were 4,802 cancer deaths.

Continued declines were noted for tuberculosis, syphilis and most infectious diseases. An increase in poliomyelitis deaths from 46 in 1953 to 55 in 1954 reflects the increased incidence of this disease in 1954, while the reduction in influenza deaths from 223 in 1953 to 87 in 1954 reflects a post epidemic year low.

An increase in the number of suicides was noted. There were 342 deaths coded to this cause in 1953 compared with 417 in 1954. This may be partially due to an increase in the number of older persons in the population among whom suicide rates are higher.

The trend of resident deaths in Florida since 1931 is shown in Table 8.

MARRIAGE AND DIVORCE

There were 28,316 marriages in 1954, an increase of almost 4 per cent over the 1953 total of 27,278. Both white and nonwhite marriages increased. There were 22,460 white marriages compared with 21,557 in 1953, and 5,856 nonwhite marriages in 1954 compared with 5,721 in the previous year. Marriage rates (marriages per 1,000 population) were: total population 8.1, white 8.0, and nonwhite 8.6.

Divorces and annulments totaled 19,417 in 1954, a reduction from the 20,139 recorded in 1953. The divorce and annulment rate was 5.6 per 1,000 population. Divorces and annulment reports do not contain information concerning the race of the persons granted decrees.

ACTIVITIES

Because of the personnel shortage, only one new project was started in the Bureau during the year. This was the tabulation and preparation of data concerning patients in Mental Health Clinics. A summary of these tables will be included in the report for the Division of Mental Health.

The potential work load of the Bureau increased 8 per cent over the previous year. The number of paid requests for certifications increased 12 per cent, fees collected increased 10 per cent and current certificates filed increased 2 per cent. Since 1951 the potential work load of this Bureau has increased 22 per cent and during the same period one new employee has been added for a 2 per cent gain. The Bureau was unable to keep up with the increasing work load and

therefore has been forced to eliminate a portion of the services and procedures each year. During 1954, free searches of the records were eliminated for many state and federal agencies. Statistical tabulations were eliminated for all cities of less than ten thousand population. The position of field representative has been left vacant for the past 15 months.

Additional vault space is urgently needed. As of the end of the year the vault is completely filled. A small amount of non-fireproof space is scheduled to be made available soon which will be sufficient for approximately two more years.

A consolidated "Vital Statistics Scoreboard" is shown as Table 13. Counties are listed in order of rank showing their relative efficiency in birth and death registration. It is hoped that the local health departments will take remedial action in those counties which are at the bottom of the list and have shown little or no improvement. Proper registration of births and deaths in each county is the responsibility of the county health officer.

Technical Articles by staff members include:

Williams, E. H. Jr. Mortality Trends in Florida, Journal Fla. Med. Assoc., Feb. 1954.

TABLE 7

ACTIVITIES OF THE BUREAU OF VITAL STATISTICS DURING THE YEARS 1953 AND 1954

Activity	*1953*	*1954*	*Per cent change*
Current certificates filed	160,792	164,001	+ 2.0
Delayed birth certificates filed	3,398	3,123	— 9.2
Adoption decrees received	1,709	2,221	+30.0
Amended certificates filed for adoptions	1,804	2,090	+15.9
Amended certificates filed for legitimations and correction of parentage	500	479	— 4.2
Legal change of name orders	407	871	(Law effective June 1953)
Requests for certifications			
Fee paid	68,199	76,300	+11.9
Free	18,871	17,799	— 5.7
Photostats made	77,718	84,551	+ 8.8
Birth Registration Cards made	24,428	25,030	+ 2.5
Fees collected and transmitted to State Treasurer	$102,649.00	$113,328.60	+10.4

TABLE 8

RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION, FLORIDA, 1931-1954

YEAR	POPULATION	BIRTHS	BIRTH RATE	DEATHS	RATE DEATH
1954*	3,481,528	85,011	24.4	31,433	9.0
1953	3,111,100	80,087	25.7	30,529	9.8
1952	3,006,400	74,219	29.7	29,136	9.7
1951	2,901,800	70,431	24.3	27,857	9.6
1950	2,797,100	64,370	23.0	26,525	9.5
1949	2,692,500	61,642	22.9	25,317	9.4
1948	2,587,800	59,685	23.1	24,505	9.5
1947	2,483,200	60,201	24.2	24,150	9.7
1946	2,378,500	54,347	22.8	22,750	9.6
1945	2,273,900	48,839	21.5	22,594	9.9
1944	2,196,195	49,186	22.4	23,251	10.6
1943	2,125,935	46,783	22.0	23,213	10.9
1942	2,055,675	40,675	19.8	21,144	10.3
1941	1,985,415	37,351	18.8	21,438	10.8
1940	1,915,155	33,696	17.6	21,458	11.2
1939	1,853,660	32,437	17.5	20,209	10.9
1938	1,795,322	31,101	17.3	19,949	11.1
1937	1,736,984	29,529	17.0	19,825	11.4
1936	1,678,646	28,116	16.7	20,050	11.9
1935	1,620,308	28,058	17.3	19,059	11.8
1934	1,585,596	26,722	16.9	19,518	12.3
1933	1,554,000	25,647	16.5	18,112	11.7
1932	1,530,356	27,242	17.8	17,721	11.6
1931	1,502,736	26,789	17.8	17,291	11.5

*1954 data based upon preliminary totals.

TABLE 9
DEATHS AND DEATH RATES BY CAUSE, BY RACE, FLORIDA, 1954 (PRELIMINARY FIGURES)

CAUSE OF DEATH (Numbers in parentheses refer to the International list of causes of death)	Deaths			Rate Per 100,000 Population		
	Total	White	Colored	Total	White	Colored
ALL CAUSES	31,433	24,063	7,370	9.0*	8.6*	10.8*
Tuberculosis of respiratory system (001-008)	263	147	116	7.6	5.3	17.0
Tuberculosis, other forms (010-019)	14	10	4	0.4	0.4	0.6
Syphilis and its sequelae (020-029)	121	61	60	3.5	2.2	8.8
Typhoid Fever (040)	0	0	0	0	0	0
Dysentery, all forms (045-048)	22	5	17	0.6	0.2	2.5
Diphtheria (055)	10	4	6	0.3	0.1	0.9
Whooping cough (056)	1	1	0	***	***	0
Meningococcal Infections (057)	22	14	8	0.6	0.5	1.2
Acute Poliomyelitis (080)	55	49	6	1.6	1.8	0.9
Acute Infectious Encephalitis (082)	14	9	5	0.4	0.3	0.7
Measles (085)	14	10	4	0.4	0.4	0.6
Typhus and other rickettsial diseases (100-108)	0	0	0	0	0	0
All other diseases classified as infective and parasitic (030 to 138 with exception of above causes)	128	72	56	3.7	2.6	8.2
Malignant Neoplasms, including neoplasms of the Lymphatic and haematopoietic tissues (140-205)	4,802	4,071	731	137.9	145.5	106.9
Diabetes Mellitus (260)	424	320	104	12.2	11.4	15.2
Anemias (290-293)	99	69	30	2.8	2.5	4.4
Diseases of the cardiovascular-renal system	15,923	12,784	3,139	457.4	456.9	459.0
Cerebral vascular disease (330-334)	3,728	2,767	961	107.1	98.9	140.5
Diseases of the heart	10,595	8,853	1,742	304.3	316.4	254.7
Chronic rheumatic heart disease (410-416)	355	293	62	10.2	10.5	9.1
Arteriosclerotic and degenerative heart disease (420-422)	8,162	7,145	1,017	234.4	255.4	148.7
Hypertension with heart disease (440-443)	1,278	798	480	36.7	28.5	70.2
Other diseases of heart (430-434)	800	617	183	23.0	22.1	26.8
Hypertension without heart disease (444-447)	251	157	94	7.2	5.6	13.7
Other circulatory diseases (450-468)	851	704	147	24.4	25.2	21.5
Nephritis and nephrosis (590-594)	498	303	195	14.3	10.8	28.5
Rheumatic fever (400-402)	16	12	4	0.5	0.4	0.6
Influenza (480-483)	87	27	60	2.5	1.0	8.8
Pneumonia (490-493)	755	457	298	21.7	16.3	43.6
Ulcer of stomach and duodenum (540-541)	180	152	28	5.2	5.4	4.1
Intestinal obstruction and hernia (560, 561, 570)	225	168	57	6.5	6.0	8.3
Gastritis, duodenitis, enteritis and colitis, except diarrhea of the newborn (543, 571, 572)	234	105	129	6.7	3.8	18.9
Cirrhosis of liver (581)	343	300	43	9.9	10.7	6.3
Complications of pregnancy, childbirth, and the puerperium (640-652, 670-689)	54	17	37	0.6**	0.3**	1.6**
Congenital malformations (750-759)	416	328	88	11.9	11.7	12.9
Birth injuries, postnatal asphyxia, and atelectasis (760-762)	658	451	207	18.9	16.1	30.8
Infection of the newborn (763-768)	99	53	46	2.8	1.9	6.7
Other diseases peculiar to early infancy, and immaturity unqualified (769-776)	808	462	346	23.2	16.5	50.6
Senility without mention of psychosis, ill-defined and unknown causes (780-795)	772	420	352	22.2	15.0	51.5
Motor vehicle accidents (810-835)	887	639	248	25.5	22.8	36.3
All other accidents (800-802, 840-962)	1,219	850	369	35.0	30.4	54.0
Suicide and self-inflicted injury (963, 970-979)	417	391	26	12.0	14.0	3.8
Homicide and operations of war (964, 965, 980-999)	341	112	229	9.8	4.0	33.5
All other diseases (residual)	2,010	1,493	517	57.7	53.4	75.6
Infant mortality (deaths under one year of age)	2,650	1,533	1,117	31.2**	24.9**	47.6**

*Rate per 1,000 population
**Rate per 1,000 live births.
***Rate less than 0.05.

TABLE 10
ESTIMATED POPULATION AND PRELIMINARY TOTALS OF BIRTHS, DEATHS, AND INFANT DEATHS BY COLOR, FLORIDA, 1954

COUNTIES	Estimated Population	BIRTHS			DEATHS			INFANT DEATHS		
STATE	1954	Total	White	Colored	Total	White	Colored	Total	White	Colored
	3,481,528	85,011	61,529	23,482	81,433	24,063	7,370	2,660	1,533	1,117
Alachua	61,358	1,627	1,014	613	500	277	223	41	17	24
Baker	6,272	170	112	58	60	39	21	10	6	4
Bay	52,307	1,823	1,518	305	338	251	77	34	25	9
Bradford	11,447	301	208	93	92	71	21	4	4	0
Brevard	88,650	1,282	1,012	270	310	238	72	35	21	14
Broward	133,842	3,392	2,091	1,301	1,172	872	300	110	41	69
Calhoun	7,664	195	148	47	75	59	16	5	3	2
Charlotte	5,195	85	66	19	70	59	11	2	2	0
Citrus	6,124	156	107	49	86	62	24	2	0	2
Clay	18,633	608	524	84	117	89	28	17	13	4
Collier	9,538	201	157	44	82	47	35	18	13	5
Columbia	19,968	511	303	208	222	120	102	26	14	12
Dade	670,022	14,189	10,842	3,327	5,506	4,722	784	433	278	155
DeSoto	9,279	186	119	66	95	72	23	8	6	2
Dixie	3,983	102	84	18	41	33	8	1	1	0
Duval	378,007	10,371	7,449	2,922	2,907	1,945	962	320	201	119
Escambia	148,449	4,989	3,875	1,064	964	641	313	160	92	68
Flagler	3,980	98	85	13	48	26	22	8	1	2
Franklin	5,472	153	106	47	71	54	17	8	6	2
Gadsden	38,962	1,087	740	347	818	106	207	51	6	45
Gilchrist	3,068	70	55	15	31	27	4	2	2	0
Glades	2,615	51	28	23	20	8	12	2	0	2
Gulf	9,047	263	184	79	60	40	20	5	3	2
Hamilton	11,399	244	98	146	78	42	36	9	5	4
Hardee	6,589	240	209	31	99	91	8	6	4	2
Hendry	7,720	184	122	62	55	31	24	11	4	7
Hernando	15,095	381	248	133	79	55	24	3	3	4
Highlands	308,397	7,413	5,956	1,457	2,766	2,197	569	231	160	71
Hillsborough	12,998	254	239	15	95	91	4	7	6	1
Holmes	14,499	329	218	111	118	94	19	9	6	3
Indian River	35,456	900	565	335	280	162	118	22	10	12
Jackson	10,054	312	84	228	106	33	73	15	2	13
Jefferson	8,310	70	60	10	21	18	3	2	1	1
Lafayette	3,312	98	61	37	18	11	7	2	1	1
Lake	29,594	980	661	319	458	351	107	39	25	14
Lee	57,159	1,419	788	631	287	224	63	21	15	6
Leon	10,457	236	130	106	185	189	198	46	18	28
Levy	2,646	75	65	10	86	24	57	12	0	12
Liberty	14,376	391	159	232	138	59	79	3	1	2
Madison	42,239	848	561	282	510	397	113	17	1	16
Manatee	43,646	1,072	597	475	442	266	176	89	68	21
Marion	9,345	219	140	79	124	95	29	38	17	1
Martin	15,495	1,423	1,278	145	277	220	57	4	3	1
Monroe	14,667	435	287	148	119	60	59	31	27	4
Nassau	37,844	1,595	1,497	98	186	168	18	8	2	6
Okaloosa	4,041	117	80	37	42	22	20	37	33	4
Okeechobee	164,112	4,144	3,156	988	1,505	1,262	243	96	88	8
Orange	12,808	264	208	56	194	170	24	8	5	3
Osceola	154,279	3,455	2,241	1,214	1,429	1,046	383	121	65	56
Palm Beach	23,987	441	364	77	319	274	45	17	14	3
Pasco	205,502	3,163	2,491	672	2,989	2,752	237	104	62	42
Pinellas	149,733	8,776	2,792	984	1,311	1,025	286	97	67	30
Polk	26,552	744	422	322	276	174	102	21	11	10
Putnam	28,502	642	417	225	300	194	106	16	9	7
St. Johns	25,221	759	382	377	257	150	107	34	10	24
St. Lucie	21,851	640	584	56	150	112	38	17	11	6
Santa Rosa	35,687	728	550	178	445	398	47	28	14	9
Sarasota	32,454	867	476	391	281	149	132	25	5	20
Seminole	11,188	268	157	111	98	61	37	10	4	6
Sumter	16,528	396	239	157	172	110	62	12	9	3
Suwannee	12,978	825	737	88	117	78	39	3	1	2
Taylor	8,379	88	57	31	44	33	11	3	1	2
Union	87,265	1,789	1,196	593	1,112	889	223	75	34	41
Volusia	5,042	133	75	58	46	20	26	5	2	3
Wakulla	15,038	409	343	66	162	133	29	18	11	7
Walton	11,655	248	162	81	107	78	29	11	5	6
Washington										

TABLE 11

PRELIMINARY TOTALS OF RESIDENT DEATHS FROM SELECTED CAUSES, BY COUNTIES, FLORIDA, 1954

COUNTIES	Maternal Deaths	Tuberculosis	Syphilis	Dysentery (All Forms)	Whooping Cough	Poliomyelitis	Malignant Neoplasms (Cancer)	Diabetes	Anemias	Influenza and Pneumonia	Cardio-Vascular-Renal Diseases: Cerebral Vascular Disease	Heart Disease	All other Circulatory Diseases	Nephritis and Nephrosis	Motor Vehicle Accidents	Other Accidents
STATE	54	277	121	22	1	55	4,802	424	99	842	3,728	10,595	1,102	498	887	1,219
Alachua	1	6	4	1	0	0	60	7	7	19	68	159	17	11	14	23
Baker	0	1	0	0	0	0	3	1	0	3	9	11	0	5	2	8
Bay	1	5	1	3	0	1	36	5	0	11	34	95	9	5	6	29
Bradford	2	1	0	0	0	0	11	2	0	0	14	32	3	1	9	2
Brevard	0	2	1	0	0	1	43	4	0	6	50	103	10	4	6	10
Broward	5	8	5	4	0	3	193	16	5	42	117	407	38	25	48	45
Calhoun	0	1	0	0	0	0	7	0	0	3	15	26	2	2	5	6
Charlotte	0	0	0	0	0	0	6	1	1	1	16	23	2	2	0	4
Citrus	0	1	0	0	0	0	13	0	0	2	9	32	4	1	1	7
Clay	0	0	1	1	0	0	17	1	1	5	13	29	0	6	7	8
Collier	2	0	1	1	0	0	8	0	0	3	8	17	5	1	4	2
Columbia	0	0	1	0	0	1	16	3	1	17	47	55	6	0	7	8
Dade	5	58	17	0	0	10	1,012	77	20	113	600	1,842	200	71	160	161
DeSoto	0	1	0	0	0	0	14	1	0	3	19	27	1	4	6	2
Dixie	0	2	0	0	0	0	6	0	0	2	4	19	2	2	0	0
Duval	6	39	13	1	0	8	409	38	4	87	355	910	90	38	78	132
Escambia	2	16	6	0	0	3	110	9	1	21	92	245	12	18	36	44
Flagler	1	0	0	0	0	0	4	1	0	2	5	18	4	0	0	4
Franklin	0	2	0	0	0	1	5	0	0	3	9	19	3	2	1	7
Gadsden	1	5	0	0	0	1	35	4	1	20	39	91	8	6	12	14
Gilchrist	0	0	0	0	0	0	1	0	0	1	4	15	0	1	2	0
Glades	0	1	0	0	0	0	1	0	0	1	1	9	0	1	0	0
Gulf	0	0	1	1	0	0	9	0	1	1	4	13	2	2	4	7
Hamilton	0	1	1	0	0	0	6	1	1	1	9	15	4	3	3	4
Hardee	0	0	0	0	0	0	11	2	0	2	13	33	4	0	2	8
Hendry	0	0	0	0	0	0	4	1	0	3	9	21	1	1	1	1
Hernando	0	1	1	0	0	0	13	1	0	2	6	27	2	2	1	7
Highlands	0	2	1	0	0	0	22	3	0	6	25	54	0	2	7	3
Hillsborough	0	22	10	2	0	6	443	50	5	57	255	923	77	54	84	95
Holmes	0	0	0	0	0	1	11	3	1	1	18	25	4	0	6	8
Indian River	0	2	0	0	0	0	12	3	1	1	10	46	6	1	5	3
Jackson	0	1	0	0	0	1	35	4	0	12	61	73	18	5	8	9
Jefferson	2	0	0	0	0	1	8	2	1	4	20	31	0	8	2	1
Lafayette	1	0	0	0	0	0	3	1	0	1	1	9	0	1	0	1
Lake	0	4	3	0	0	0	68	10	4	13	51	158	12	8	11	24
Lee	0	2	1	0	0	2	43	2	1	8	35	80	10	4	13	14
Leon	0	4	1	0	0	0	53	8	0	15	44	108	10	10	15	13
Levy	0	1	3	2	0	0	14	2	0	5	20	43	1	1	2	3
Liberty	0	0	1	0	0	0	3	1	0	1	5	15	2	1	1	1
Madison	0	1	1	0	0	1	15	2	0	3	26	40	4	4	4	2
Manatee	0	4	2	2	0	0	64	5	2	20	55	202	29	9	9	16
Marion	3	3	2	0	0	0	53	4	1	16	41	161	9	9	10	25
Martin	1	2	2	0	0	1	18	1	0	1	16	42	3	2	3	5
Monroe	1	3	0	2	1	0	42	5	1	14	32	69	10	0	15	14
Nassau	0	0	2	1	0	0	13	1	2	3	14	34	8	3	5	11
Okaloosa	2	1	0	1	0	0	18	0	0	9	19	50	4	7	6	9
Okeechobee	0	2	1	0	0	0	1	0	0	0	4	18	0	1	2	2
Orange	2	9	7	0	0	5	239	17	5	39	167	565	52	13	49	55
Osceola	1	0	1	0	0	0	22	3	2	6	30	75	5	2	3	7
Palm Beach	1	16	3	0	0	3	238	19	2	37	141	506	38	20	45	63
Pasco	2	1	1	0	0	0	48	3	1	7	35	127	18	4	5	8
Pinellas	3	9	8	0	0	1	543	43	16	44	405	1,196	156	15	35	74
Polk	1	11	9	1	0	0	189	13	3	39	172	463	54	21	38	45
Putnam	1	2	1	0	0	0	27	6	2	11	30	88	7	28	7	16
St. Johns	0	5	0	2	0	0	54	5	2	9	33	107	14	6	1	8
St. Lucie	1	1	2	1	0	0	41	3	0	9	33	73	7	5	11	16
Santa Rosa	0	0	0	0	0	1	21	0	0	2	21	50	7	3	9	9
Sarasota	0	1	0	0	0	0	82	6	0	8	45	160	17	3	11	21
Seminole	1	5	2	0	0	0	36	4	1	10	26	107	6	4	11	19
Sumter	0	0	0	0	0	0	13	0	0	1	16	22	1	0	5	4
Suwannee	0	1	1	0	0	0	22	1	1	6	21	64	11	1	10	7
Taylor	1	0	0	0	0	0	20	0	0	6	19	27	4	3	4	12
Union	0	0	0	0	0	0	5	0	0	1	7	18	0	0	2	4
Volusia	2	8	4	2	0	1	174	14	1	32	153	389	58	23	15	34
Wakulla	1	1	0	0	0	1	5	0	0	3	6	8	3	0	0	1
Walton	1	1	0	0	0	1	19	3	1	6	28	43	5	2	2	7
Washington	0	1	0	0	0	0	12	2	0	2	19	34	3	1	1	7

TABLE 12

MARRIAGES BY COLOR, DIVORCES, AND ANNULMENTS FOR FLORIDA AND EACH COUNTY, 1954

COUNTIES	MARRIAGES: Total	MARRIAGES: White	MARRIAGES: Colored	Divorces	Annulments
FLORIDA	28,296	22,449	5,847	19,175	212
Alachua	355	234	121	213	2
Baker	29	22	7	518	4
Bay	401	320	81	141	1
Bradford	61	47	14	463	4
Brevard	319	256	63	560	2
Broward	1,674	1,313	361	686	7
Calhoun	26	24	2	51	
Charlotte	90	78	12	16	
Citrus	84	73	11	38	
Clay	103	88	15	74	
Collier	106	94	12	17	
Columbia	131	91	40	91	
Dade	6,193	5,349	844	4,623	43
DeSoto	91	74	17	17	1
Dixie	15	14	1	17	
Duval	2,066	1,591	475	928	10
Escambia	724	592	132	860	18
Flagler	62	41	21	192	
Franklin	63	47	16	26	
Gadsden	200	76	124	74	
Gilchrist	35	29	6	5	
Glades	31	26	5	5	
Gulf	71	53	18	32	1
Hamilton	29	17	12	48	
Hardee	130	109	21	337	5
Hendry	105	69	36	18	
Hernando	103	79	24	32	
Highlands	161	123	38	150	
Hillsborough	2,738	2,282	456	1,430	10
Holmes	58	51	7	45	
Indian River	153	108	45	41	1
Jackson	203	138	65	75	
Jefferson	66	25	41	5	
Lafayette	11	10	1	10	
Lake	386	269	117	279	7
Lee	287	228	59	130	
Leon	366	209	157	309	4
Levy	92	56	36	34	
Liberty	12	8	4	26	1
Madison	71	44	27	50	
Manatee	328	279	49	54	
Marion	335	188	147	232	1
Martin	93	69	24	17	1
Monroe	455	388	67	250	
Nassau	45	40	5	26	
Okaloosa	237	214	23	138	1
Okeechobee	48	35	13	16	
Orange	1,250	983	267	430	1
Osceola	184	135	49	25	
Palm Beach	1,387	985	402	732	9
Pasco	296	259	37	90	1
Pinellas	1,726	1,501	225	593	8
Polk	1,381	1,100	281	1,199	31
Putnam	201	118	83	894	16
St. Johns	209	175	34	589	10
St. Lucie	254	162	92	133	
Santa Rosa	81	70	11	43	
Sarasota	399	332	67	174	1
Seminole	276	155	121	152	1
Sumter	103	64	39	101	2
Suwannee	112	80	32	51	
Taylor	82	61	21	33	
Union	40	25	15	22	
Volusia	681	531	150	443	7
Wakulla	27	14	13		
Walton	77	66	11	43	1
Washington	88	63	25	29	

TABLE 13

VITAL STATISTICS SCOREBOARD

Based on Promptness and Completeness of Certificates Filed in 1954

COUNTY	Rank	Percent of Certificates Filed on Time		Percent of Complete Certificates		Percent of Monthly Reports submitted on Time	Total Score (Maximum = 500)	Change from 1953 Total Score
		Births	Deaths	Births	Deaths			
Manatee	1	97	98	99	99	100	493	+19
Pinellas	2	97	98	99	99	100	493	+42
Dade	3	95	99	99	99	100	492	+ 4
Franklin	4	98	94	98	100	100	490	+ 8
Suwannee	5	96	98	98	98	100	490	+ 6
Sarasota	6	94	98	99	99	100	490	+12
Hernando	7	93	99	99	98	100	489	+ 5
Baker	8	95	97	98	97	100	487	+19
DeSoto	9	99	99	99	97	92	486	0
Martin	10	99	99	99	97	92	486	+ 3
Okeechobee	11	99	95	100	100	92	486	+ 3
Hillsborough	12	96	98	99	99	92	484	+15
Escambia	13	90	97	99	98	100	484	+11
Palm Beach	14	90	96	99	98	100	483	+ 9
Santa Rosa	15	92	93	99	98	100	482	+25
Charlotte	16	93	96	95	96	100	480	− 2
Volusia	17	89	94	99	98	100	480	+ 2
Bradford	18	97	100	96	94	92	479	− 6
Wakulla	19	98	100	92	88	100	478	−14
Marion	20	84	96	99	99	100	478	+ 5
Brevard	21	94	85	99	99	100	477	+10
Clay	22	90	91	98	98	100	477	+20
Holmes	23	92	91	96	96	100	475	− 3
Polk	24	87	93	98	96	100	474	+ 4
Madison	25	89	97	99	96	92	473	− 6
St. Lucie	26	87	92	99	93	100	471	0
Monroe	27	97	91	99	97	83	467	+19
STATE		86	93	99	98	91	467	+ 1
Walton	28	78	90	99	99	100	466	+49
Bay	29	84	86	99	96	100	465	+12
Leon	30	84	84	99	97	100	464	− 9
Okaloosa	31	82	85	99	96	100	462	+ 6
Duval	32	80	95	97	98	92	462	+32
Levy	33	85	78	99	99	100	461	+ 7
Lake	34	83	84	98	96	100	461	− 4
Osceola	35	79	93	99	98	92	461	− 9
Citrus	36	72	95	97	97	100	461	− 2
Putnam	37	88	84	97	97	92	458	+ 3
St. Johns	38	94	97	99	99	67	456	−14
Pasco	39	74	94	93	95	100	456	−18
Washington	40	70	85	100	99	100	454	−10
Lee	41	67	96	99	99	92	453	− 7
Highlands	42	73	87	98	94	100	452	+ 6
Hardee	43	74	96	98	98	83	449	+ 6
Calhoun	44	84	76	96	91	100	447	+28
Flagler	45	90	86	98	95	75	444	+ 2
Orange	46	76	83	98	95	92	444	−10
Broward	47	64	91	99	98	92	444	−37
Union	48	83	98	90	92	75	438	− 4
Gadsden	49	67	82	99	97	92	437	+11
Dixie	50	56	90	91	100	100	437	−15
Jackson	51	74	71	97	94	100	436	+15
Gilchrist	52	80	67	88	100	100	435	−24
Sumter	53	72	70	98	95	100	435	+12
Lafayette	54	58	83	100	92	100	433	+50
Seminole	55	98	99	99	99	33	428	−58
Jefferson	56	74	93	98	97	58	420	−24
Nassau	57	71	88	99	95	67	420	−23
Taylor	58	44	81	97	98	100	420	+38
Glades	59	40	100	80	100	100	420	+23
Alachua	60	64	76	99	95	75	409	−21
Collier	61	61	69	98	98	83	409	−14
Hamilton	62	46	69	94	97	100	406	− 5
Hendry	63	40	74	98	100	92	404	+ 7
Columbia	64	60	66	98	97	75	396	−48
Indian River	65	69	76	98	100	50	393	−27
Liberty	66	92	67	77	85	67	388	−13
Gulf	67	54	45	95	96	42	332	−76

BUREAU OF LOCAL HEALTH SERVICE

GEORGE A. DAME, M.D., Director

At the beginning of 1954 there were sixty-six county health departments constituting thirty-seven units. According to the State Board of Health estimate the county health departments were serving a population of 3,141,000, exclusive of the City of Jacksonville and the County of St. Johns. As of the last day of the year there was an estimated population of 3,313,000 being served. Budgets set up for the county health departments for the fiscal year beginning July 1, 1954, on the adopted formula, were based on available funds totalling $3,715,-634, derived as follows: County contributions, $2,553,869; State allocation, $1,050,615; Federal grants-in-aid, $111,150. In addition to the formula allocation six county health departments received a total of $44,940 of federal mental health funds, and five counties received $36,580 of state mental health funds. Twelve counties received cancer funds in the amount of $39,520, and one county received $6,480 of heart disease funds.

Based on the estimated population served as of December 1954, and using the amounts set up in the budgets for July 1, 1954 and still used, it will then be seen that the counties were contributing 77 cents per capita, the state was contributing (formula) approximately 32 cents per capita, and the federal government was contributing (formula) approximately three cents per capita. Excluding the special funds granted some of the counties it will be seen that the county health departments were, at the close of the year, operating on $1.12 per capita, per annum. It has been estimated by conservative experts that a state should have at least $1.50 per capita.

In considering the needs of county health departments, it should be taken into consideration that the nearly 1,000 persons employed in county health departments constitute the battle line in our fight for better health for our total state population. Thought should be given to the vast importance of this work to the state's expanding economy. The present inadequacy of funds available to the county health departments has created a condition of poor salaries, insufficient personnel, inadequate travel, and less than needed for other expenses. The availability of funds has not kept pace with the astonishing increase in the state's population and wealth, nor has it kept pace with the need for new and expanding programs of public health and preventive medicine in the county health departments.

In June four health officers completed out-of-state training, received their degrees of Master of Public Health, and reported back to their respective assignments. Three sanitarians also completed training and received Masters degrees in Public Health.

Of the thirty-seven directors of county health departments there are now twenty-three holding the degree of Master of Public Health. The following Schools of Public Health are represented with the number of graduates from each: Tulane University 5, University of North Carolina 2, Johns-Hopkins University 7, University of California 1, University of Michigan 2, Harvard University 5 and Yale University 1. One assistant director holds a degree from Harvard.

The following report covers some of the more interesting activities in the promotion of public health in some of the county health departments. Space does not permit the reporting of all worth-while programs. Each year each health officer is invited to present one program or activity.

Doctor Joseph M. Bistowish, Director of the Leon County Health Department was presented a distinguished service award by the Tallahassee Junior Chamber of Commerce. The award notes that he was "selected as a recipient of the 'Distinguished Service Award' because of his untiring and courageous leadership during 1954 in the field of public health in Leon County. When the epidemic of poliomyelitis and encephalitis struck Leon County, Dr. Bistowish led the fight against these dread diseases. Many physicians, nurses, and volunteer workers helped in the valiant battle which was waged, and Dr. Bistowish was constantly in touch with these workers, guiding and helping them in their heroic efforts. His untiring efforts to reassure those who had been exposed in the epidemic, played a major part in preventing widespread hysteria which was a constant threat throughout the emergency. He has been outstanding in helping to make Leon County one of the cleanest and most sanitary counties in our nation, but his achievements during the recent epidemic were nothing short of heroic."

It is now reported that *Washington* County will build a health department center in 1955, and *Walton* County in 1956. Doctor Raymond N. Nelson already has a fine new health department center in his other county, *Holmes*.

Doctor L. L. Burger, Director of the *Sumter* County Health Department has succeeded in getting the County Commissioners to double their contribution in the past three years. This is a notable achievement.

A report from Doctor Terry Bird, Director of the *Seminole* County Health Department is as follows: "There are two outstanding items of interest that have occurred in this county this past year that pertain to public health. First, is the signing of a $3,000,000.00 contract and actual beginning of laying an extension of sanitary sewers in Sanford. Also, the signing of an agreement to construct a sewage treatment plant. Second, is the signing of a contract of $1,500,000 for a new hospital in Sanford to be completed in June, 1955. This

hospital is 80-100 bed capacity and will serve the entire county. Hill-Burton funds are being used in the construction of this hospital."

From *Putnam* County Doctor Norman B. Edgerton reports as follows: "The Business and Professional Womans Club of Crescent City, with help and advice from the Putnam County Health Department, has under construction a beautiful new Health Center located near the Crescent City School. This new health clinic will provide office space for the health unit, a room for the Red Cross and its supplies, and an auditorium which will seat about seventy-five. Only one clinic session per week is now provided by the Putnam County Health Department in Crescent City but we hope to broaden this service with the help of the local physicians, to include a well-baby clinic. The possibility for broadening health education in this community will be considerably helped by the new auditorium."

Doctor James Basil Hall reports some interesting items from the *Lake* County Health Department: "Four articles printed and/or accepted in national publications. 'Truth About Teeth'—a fifty page publication for teachers was well received. We now have scheduled for Lake County's Fair a 'wing-bite' x-ray survey available to all school children. A dental manufacturing concern is furnishing two of their latest x-ray units and two other manufacturers are donating 10,000 films. Twelve Lake County dentists, with their dental assistants, are each contributing one day at the fair. We expect to x-ray a minimum of 5,000 children."

From Doctor Andrew P. Haynal of the *Madison* County Health Department: "An interesting activity in health education has been initiated by the sanitarian, Bob Browning, and the nurse, Mrs. Dickey. In cooperation with the teachers of our county schools one or the other or both are making weekly home visits with the teacher to the home of one of the teacher's problem children. The objective is to give the teacher a deeper insight into the health and sanitation problems in the home which may be responsible for the poor work the child is doing in school, and result in better understanding of the child's problem. This enables our health department representative to get in a few good on-the-spot licks for public health with both the teacher and parent present. This service has already met with enthusiastic support from the parents and teachers."

The County Commissioners of *Monroe* County have appropriated and earmarked $5,000.00 for renovation of the fine and commodious headquarters of the county health department. The county has been very fortunate in recently securing the services of Doctor Francis X. Walsh as the director.

Doctor Nell T. Pattengale, Acting Director of the *Pinellas* County Health Department: "Major public health progress in Pinellas County is obvious in three programs: the establishment of a St. Petersburg-Gulfport Visiting Nurse Association, the tremendous strides in provision of adequate sewage facilities, and the results of a complete job

of community organization and participation for the county x-ray survey. The organization of a V.N.A. for St. Petersburg and Gulfport area in the fall of 1954 is another link in the plan to cover the county with visiting nurse services. Extensive work has been done on planning for adequate sewage disposal facilities throughout the county in large and small communities. Citizen interest voted for new plants, extension of sewer mains, and other improvements, with the biggest item being a new sewage treatment plant in St. Petersburg. Over 5,000 laymen planned and conducted a spring x-ray survey which netted 192 cases of tuberculosis, 11 tumors and 353 other conditions from a total of 68,000 persons x-rayed."

From Doctor John C. McSween, Director of the *Escambia* County Health Department: "The Sanitation Department under the direction of B. G. Tennant, has secured certified photostatic copies of all subdivisions recorded in Escambia County since the Plat Law went into effect in 1926. These plats are photostats and are all the same size, making it possible to bind them in alphabetical form. One set will be on file with the health department and one set will be transmitted to the Bureau of Sanitary Engineering, State Board of Health. Those subdivisions which have had percolation tests, soil studies and water table elevations determined will be shown on the reverse side of the plat, giving the date of filing, type water supply and number of lots. This will make it easy to check on the development of subdivisions and their sanitary condition. As additional subdivisions are recorded, copies will be transmitted to the state office with all the necessary information pertaining to the subdivision. I believe this will be of great value to the state office and to our office in maintaining proper contral over subdivision developments and will give complete information on the number of subdivisions being developed in this county." Doctor McSween also sends word about plans inaugurated in 1954 for the construction of a county health department building for Escambia. The undertaking has been approved by the State Improvement Commission which makes it possible to apply for funds from the federal government under the Hill-Burton Act.

Doctor Robert Higgins of the *Volusia* County Health Department writes of his new Division of Health Education under the direction of M. Elizabeth Bond. A public health nurse, and a recent graduate of Peabody College, she served as a mental health nurse in Volusia County before being assigned as a public health educator. During the infancy of the division, various community groups have requested the aid of the health educator. In addition, there have been requests from individual faculty groups with health education programs, lunchroom supervisors and work with food handlers, County Dental Association and District Nurses Association, college students and teachers taking post graduate work in health education. The individual staff members feel that their efforts will be enriched by a co-worker who understands the people with whom they work and who is interested in their needs and problems which affect individual and community life.

This bureau received an interesting report from Doctor Paul W. Hughes, Director of the *Broward* County Health Department. "The county commissioners increased their appropriation to the health department by almost 50 per cent. The school board increased their appropriation 20 per cent. A quarter of a million dollars of new health centers have now been completed in this county. A large truck containing a 70 mm x-ray unit is now operated by the health department. Mr. Norman Tuckett and Mr. Willis Hillyer have done an excellent job in supervision of construction and maintenance of the presently existing one hundred and thirty-five public swimming pools. They have also been active in expediting the installation of sanitary sewer systems in more than twelve housing developments. Mr. Richard Almeida and Mr. O. J. Baker have done considerable work in attempting to improve migratory labor camps. Mrs. Netta Kessler and her public health nurses took care of two large programs in a fine manner. The Salk vaccine program went along very smoothly. All of the public health nurses worked with a committee of sixteen physicians during diabetes week and carried out an educational and diabetic program in all schools and clinics. Mr. Sidney Paetro's quick insight into a matter of food poisoning probably saved a lot of people in Florida considerable trouble. On discovering that two people had become ill with a certain "T.V. frozen turkey dinner" he investigated and found that twelve other packages had been returned to the same store because persons did not like the appearance of same. Within one hour Mr. Paetro contacted Dade County officials, Department of Agriculture officials and the State Board of Health so that everyone would have the facts concerning this widely distributed product. Mrs. Ethel Sayles has accomplished much in the re-organization of the clerical section. The Broward County Health Department would like to emphasize that all the above mentioned members and those not mentioned have worked well as a team."

Doctor Joseph W. Lawrence, Acting Director of the tri-county unit composed of *DeSoto, Hardee* and *Charlotte* has written of a new project set up in his unit in 1954. (Doctor Lawrence is locum tenens for Doctor James O. Bond who is taking graduate training). "The most outstanding thing that has occurred has been the establishment of a pilot program for mental health and the assignment of a mental health worker to our tri-county unit. It is true that the worker did not begin her work until January 3, 1955, however, this program had been initiated in the later months of 1954. The credit for this program should be divided between three persons or groups: Doctor James O. Bond, Doctor Paul Penningroth of the Division of Mental Health of the State Board of Health; and the Child Guidance Committee of the three counties. The intense interest and desire for this program has been very gratifying. They all see the great need for mental health work and strongly desire the eventual formation of a Child Guidance Clinic in this area."

Gulf County Health Department has some news of interest in regard to its school health program, submitted by Doctor Warren T. Weathington: "We are very proud of our school health program. The only 'new' aspect is a system of monthly projects. Each subject is announced well in advance and during that month lectures, movies, pamphlets, debates and direct services, (example: intestinal parasite examination on each pupil), are all directed toward the one subject. Teacher and pupil cooperation is much improved as they have a sense of being part of the program. There is less lost motion in organizing the activities. The public health nurse likes the time table because it allows her to plan well in advance. Flexibility is maintained, however. When a case of diphtheria appeared in one school during 'colds' month, emphasis was easily shifted to immunization, which was orginally scheduled for a later month. Scheduled: Eyes and ears; hookworm and nutrition; personal hygiene; colds; teeth and diet; sanitation; immunization; safety; and preschool health."

Doctor Henry I. Langston, Director of the county health departments of *Jackson* and *Calhoun* submits some interesting information in regard to building plans: "The County Commissioners of each county employed the architectural firm of Sherlock, Smith and Adams of Tallahassee and Montgomery to draw up the necessary plans and specifications for the construction of a health department building in each of these counties. In Jackson County the County Commissioners approved a millage to secure the necessary funds for the construction of a proposed Jackson County Health Department—the amount of approximately $31,000. This fund was matched by federal funds from the Hill-Burton Act, as administered through the Hospital Construction Division of the State Improvement Commission which approved approximately $56,500 to assist in the project. The architectural plans were approved for a building containing approximately 5,100 square feet of floor space. The building will be located on the hospital grounds adjacent to the Jackson County Hospital—a desirable location in the northwestern section of Marianna. In Calhoun County the Board of County Commissioners approved the allocation of funds for construction purposes. The plans and specifications are awaiting the approval of federal funds from the Hospital Construction Division. The proposed Health Department is to be located on a spacious lot near the Court House in Blountstown. The land has already been acquired by the county. This building and equipment is expected to cost in the neighborhood of $69,000."

Doctor William L. Wright, Director of the *Sarasota* County Health Department: "Probably the most outstanding item of local interest during the past year has been the opening of a health department office in Venice. Prior to the opening of this office all public health matters having to do with the south end of the county had to be handled in the Sarasota office. This meant that our nursing and sanitation personnel had to ride a considerable distance to take care of public health matters and also that the residents of the south county area did not have good contact with the health department. At the present time

we have two rooms set aside for our office in the city hall in Venice, one of which is used by the sanitarian and the other serves as an office for the nurse as well as a clinic room. This new office was opened September, 1954 and the new arrangements have worked out very satisfactorily."

A letter from Doctor John S. Neill, Director of the *Manatee* County Health Department contains the following items of interest: "The County Commissioners opened the bids for our new health center on December 6. The contract was signed on December 28. A ground-breaking ceremony was held on December 30. Clearing of land and construction began immediately thereafter. One other item: A Master Card File System was instigated last Summer. We feel that it has been a great help in consolidating important information and increasing the efficiency of our record system."

Doctor Clarence L. Brumback, Director of the *Palm Beach* County Health Department, gives as his most outstanding activities the consolidation of the city and county health departments, the organization of a mental health clinic and a poliomyelitis vaccine study. "A few points about the consolidation with the West Palm Beach City Health Department: This consolidation entered a trial phase of one year on January 1, 1954. It had been effected by a 4 to 1 vote of the City Commission after a great deal of resistance. The support of the County Medical Society played a very important role in bringing the consolidation about. After the favorable vote, cooperation from city officials was excellent in taking care of necessary fiscal and personnel matters. We have been surprised by the small number of complaints or adverse criticism. On the contrary, all concerned have agreed that much has been gained through this move. The second year's budget was approved without question, and the consolidation may now be considered to be past the probationary stage."

Doctor Frank J. Hill, Director of the unit composed of the health departments of *Gadsden* and *Liberty* Counties sends in an editorial published in the Havana (Fla.) Herald, which comments (in part): "Sanitarians with the Gadsden County Health Department kept an eye on health conditions in our towns, villages and on farms in the county during 1954 . . . Last year, over 700 investigations and samplings of the safety or public and private water supplies were made. Nearly 500 visits (to restaurants) were made to inspect them and give advice where needed. . . . Nearly 200 visits to dairy farms and milk plants and milk samples were collected and delivered to the laboratory for testing, 150 times. One hundred nine visits were made to schools in the county concerning the sanitary aspects of the school health program. Thousands of pamphlets on hundreds of various health subjects or disease conditions were distributed throughout the county to all interested. Motion pictures on health or talks reached an audience of 5,140 people. Thirty-one articles were published in various county newspapers informing the public about health conditions, services and statistics."

Another article published in the Gadsden County Times states (in

part): "The staff of the Gadsden County Health Department issued nearly 500 health cards, gave over 7,000 preventive 'shots', and made over 1600 dental inspections during the year 1954. Much detailed verifying of accuracy and making duplicate copies of about 1300 resident birth and death records was necessary. The public health nurses made nearly 1700 visits to assist expectant mothers to have normal deliveries and have live, healthy babies."

From *Orange* County a progressive activity has been reported by Doctor Wade N. Stephens, Director of the County Health Department: "On December 31, 1954, there remained only one privy within the city limits of Winter Park. In 1952 a survey showed there were 176 privies in Winter Park. At that time a Sanitary Committee was formed by the city. Mr. W. B. Whittaker, sanitarian of the Winter Park district of the Orange County Health Department served as advisor and field man, and worked in cooperation with the Committee. A revolving fund was set up to make loans for the purpose of installing approved indoor toilet facilities to those who could not otherwise afford to have the work done. The City appropriated $3,000, Community Chest $2,000, Winter Park Welfare Association (a voluntary agency) $1,000, and Winter Park Methodist Church $100. Payments on the loans were set at $8.00 per month. No interest was charged. At the present time no one is delinquent in payments, a number have paid in full and there is a balance of $1,900 in the revolving fund. The people of Winter Park believe it is the first city in Florida to be free of privies. Mr. Medlock has said that he would be glad to visit any city in the state to explain the organization and help to set up a similar one."

Doctor James F. Speers, Director of the *Brevard* County Health Department reports: "During 1954 a portable x-ray machine was purchased by the Brevard County Tuberculosis and Health Association and has been used by the health department in their tuberculosis program. The machine has been used for the follow-up of known cases of tuberculosis and their contacts, for investigation of suspects referred to us by private physicians, and for x-rays of all food-handlers who apply for health cards. A total of 15 new cases of tuberculosis were discovered by the use of the machine. This is nearly twice as many as have been discovered in the past, when there were no x-ray facilities easily available locally."

Doctor Neill D. Miller, Director of the *Martin* County Health Department says: "Mr. James Doyle, sanitarian in Martin County, has through his unrelenting work and perseverance, the establishment, (at least on paper) of a sewage treatment plant in Stuart. This work thus far has covered public relations as to the necessity of this plant, the final drawing of preliminary plans by an engineering firm and the solution of financing by a fiscal agent. Next to occur is the bidding of contractors within the next few weeks. The sewage treatment plant has caused much controversy in the past several years but through Mr. Doyle's working with city officials, contacting various engineering firms and creating public interest he is to see the accomplishment of one of his main objectives in public health work."

TABLE 14

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
A. COMMUNICABLE DISEASE CONTROL	5	62	52	181	14	1,456	23	8	2	281	13	0	815	10	2	154	144
1. Admissions to Service																	
2. Consultations and Conferences with Physicians	5	0	18	86	13	25	1	7	2	26	7	0	425	15	10	30	12
3. Field and Office Visits	5	70	64	242	16	1,603	27	5	4	696	17	0	1,028	25	8	293	428
IMMUNIZATIONS COMPLETED	837	217	1,632	292	372	1,064	148	85	87	334	171	872	14,760	179	25	1,281	4,461
4. Smallpox	1,868	455	2,448	1,046	1,015	1,252	219	82	83	729	270	2,924	10,132	820	199	3,026	4,208
5. Diphtheria, (5-7)	4,489	977	6,604	146	16	208	522	10	185	107	378	3,869	425	62	717	1,226	6,724
8. Typhoid Fever	1,657	455	2,368	417	16	955	219	44	83	725	237	2,924	10,123	240	199	2,681	568
9. Whooping Cough, (9-11)	2,273	455	3,584	683	1,011	1,475	225	98	235	942	327	4,135	10,232	399	316	3,928	2,285
12. Tetanus																	
INTESTINAL PARASITE CONTROL	615	482	603	170	288	404	572	60	216	156	19	2,530	760	128	318	364	280
14. Admissions to Service	632	485	851	177	308	625	573	106	227	162	19	2,556	1,831	185	318	450	283
15. Field and Office Visits	618	482	603	164	275	378	672	77	226	160	18	2,530	814	197	318	368	276
16. Treatments Given																	
B. VENEREAL DISEASE CONTROL	1,079	11	268	62	133	426	2	8	8	70	77	29	3,945	14	16	3,498	2,211
1. Admissions to Medical Service	1,841	18	305	107	138	615	7	17	12	108	95	29	25,600	202	21	13,309	2,509
2. Visits to Medical conferences	373	24	502	42	331	1,118	1	47	16	76	24	40	16,679	30	38	2,527	1,850
3. Field Visits and Epidemiological Investigations	1,500	3	186	59	88	327	2	10	4	25	18	40	1,711	10	11	3,514	1,948
4. Treatments given																	
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service	8	2	24	7	4	107	1	0	5	3	0	0	443	1	6	0	139
(A) Cases	45	6	14	43	6	24	3	0	8	32	0	0	5,094	9	2	0	285
(B) Contacts and Suspects	2	1	67	8	0	15	1	0	1	1	2	0	679	2	0	0	86
(C) Arrested cases																	
2. Admissions to Nursing Service	49	5	40	20	36	166	14	1	8	12	9	10	999	1	7	136	227
(A) Cases	262	42	85	67	183	423	58	24	32	78	85	26	163	6	44	454	601
(B) Contacts and Suspects	24	6	36	7	31	90	0	5	6	16	6	3	42	2	3	135	68
(C) Arrested Cases																	
3. Number of Persons X-rayed	25,796	1,139	0	1,937	6,992	27,716	0	0	941	3,131	1,365	1,890	14,120	0	7	31,691	9,500
(A) Miniature Films	958	15	590	191	919	882	86	22	67	100	33	73	4,721	88	45	1,113	1,362
(B) Large 14" x 17" Films	108	9	130	66	10	185	18	0	2	39	9	0	17,840	14	22	0	559
6 Visits to Medical Conferences	202	11	92	25	62	5,728	90	27	15	57	4	4	1,371	1,038	75	469	121
7. Tuberculin Test	597	139	270	221	199	2,082	194	65	95	183	68	113	3,300	17	69	1,655	2,083
8. Field Nursing Visits																	

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
A. COMMUNICABLE DISEASE CONTROL																	
1. Admissions to Service	10	31	232	0	27	42	10	9	159	15	18	331	224	24	38	297	1
2. Consultations and Conferences with Physicians	4	0	15	0	5	6	2	10	33	4	36	261	18	7	6	15	2
3. Field and Office Visits	10	32	337	0	29	43	10	9	161	15	27	482	254	37	49	310	1
IMMUNIZATIONS COMPLETED																	
4. Smallpox	114	239	1,264	18	9	407	11	266	64	314	163	4,920	174	281	418	580	28
5. Diphtheria, (5-7)	167	304	1,311	179	57	459	173	346	250	171	231	5,729	513	431	2,289	541	105
8. Typhoid Fever	5	505	1,277	46	1	995	532	40	5	94	65	400	341	241	6,630	124	190
9. Whooping Cough, (9-11)	135	296	1,311	179	58	472	173	221	196	106	228	3,617	446	437	791	206	105
12. Tetanus	224	685	1,948	220	73	910	537	344	252	289	288	5,893	579	489	4,031	771	152
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service	95	202	492	204	15	566	263	312	56	1,246	192	1,275	538	180	622	64	65
15. Field and Office Visits	169	202	492	204	24	566	263	360	75	1,681	192	1,375	538	209	622	64	65
16. Treatments Given	155	202	492	204	19	566	263	331	39	323	192	1,375	538	232	622	56	65
B. VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service	23	35	188	4	7	26	41	37	18	14	158	1,702	13	13	180	54	2
2. Visits to Medical conferences	39	59	188	4	16	32	57	41	34	16	287	3,465	14	13	220	96	1
3. Field Visits and Epidemiological Investigations	30	39	395	4	7	50	14	88	7	31	123	5,924	33	37	148	90	1
4. Treatments given	26	27	184	2	4	25	36	27	14	11	156	1,215	6	13	160	55	0
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service	1	2	5	0	3	15	6	5	0	0	2	131	0	0	11	0	2
(A) Cases	2	2	7	0	1	1	5	9	4	13	100	1,734	12	2	2	0	0
(B) Contacts and Suspects	1	1	1	0	4	0	1	2	1	3	22	466	1	0	2	1	0
(C) Arrested cases																	
2. Admissions to Nursing Service	0	1	36	1	4	5	9	5	6	5	4	289	12	9	23	0	3
(A) Cases	18	18	247	21	8	82	2	43	9	51	110	1,246	118	72	59	17	7
(B) Contacts and Suspects	0	3	8	2	2	7	4	7	2	10	18	151	7	8	14	4	0
(C) Arrested Cases																	
3. Number of Persons X-rayed	0	858	6,839	509	0	1	877	0	0	1,293	0	46,946	0	0	0	1,052	0
(A) Miniature Films	32	58	266	30	31	94	63	109	46	73	129	1,031	183	180	266	17	21
(B) Large 14" x 17" Films	2	8	13	1	17	14	26	24	18	16	141	4,265	19	2	18	2	5
6 Visits to Medical Conferences	353	9	103	3	1	26	5	476	6	20	449	679	34	32	520	11	25
7. Tuberculin Test	57	24	718	64	14	161	18	73	10	237	96	2,410	312	218	217	23	39
8. Field Nursing Visits																	

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco
A. COMMUNICABLE DISEASE CONTROL																	
1. Admissions to Service	108	85	17,470	29	470	7	85	18	172	481	291	20	35	316	30	450	120
2. Consultations and Conferences with Physicians	63	46	246	0	0	12	70	2	143	95	249	47	15	405	21	27	93
3. Field and Office Visits	240	113	17,663	31	470	17	110	32	173	580	470	82	39	788	90	1,129	120
IMMUNIZATIONS COMPLETED																	
4. Smallpox	123	631	1,926	254	55	402	744	1,225	292	679	1,044	497	54	3,568	229	4,409	401
5. Diphtheria, (5-7)	443	832	1,046	315	188	1,135	727	327	429	596	2,519	1,394	188	4,370	804	3,490	723
8. Typhoid Fever	38	1,579	2,339	1,036	119	445	493	1,991	162	986	2,680	915	74	5,565	129	643	375
9. Whooping Cough, (9-11)	411	463	1,044	312	186	541	727	327	429	505	2,523	1,394	182	2,359	602	3,026	584
12. Tetanus	452	1,188	2,595	836	283	1,508	1,584	402	564	950	2,512	1,875	202	4,175	839	6,113	745
INTESTINAL PARASITE CONTROL																	
14. Admissions to Service	328	158	313	77	168	91	272	976	146	10	299	305	111	205	109	120	1,039
15. Field and Office Visits	708	167	374	77	168	91	310	1,558	146	12	620	305	180	391	109	155	1,096
16. Treatments Given	345	150	367	77	168	91	176	388	146	12	533	305	78	184	109	106	1,026
B. VENEREAL DISEASE CONTROL																	
1. Admissions to Medical Service	12	280	1,798	15	0	98	188	747	66	155	30	108	41	384	72	862	118
2. Visits to Medical conferences	35	861	1,798	21	0	94	571	1,045	66	315	637	108	57	910	72	1,849	167
3. Field Visits and Epidemiological Investigations	48	136	2,010	20	2	22	519	1,352	148	694	146	121	22	1,372	86	1,110	110
4. Treatments given	7	151	1,053	15	0	96	156	441	65	130	72	108	37	293	66	947	84
C. TUBERCULOSIS CONTROL																	
1. Admissions to Medical Service	0	15	22	2	0	16	18	0	1	10	2	3	0	16	2	30	20
(A) Cases	0	20	23	3	0	35	3	0	0	22	21	0	0	0	2	43	99
(B) Contacts and Suspects	0	3	1	0	0	2	5	0	0	2	0	0	1	2	0	34	14
(C) Arrested cases																	
2. Admissions to Nursing Service	44	49	45	18	0	14	52	67	10	17	10	15	10	201	14	126	23
(A) Cases	166	166	263	115	3	62	93	176	26	74	120	138	30	608	80	121	179
(B) Contacts and Suspects	49	16	20	3	2	7	42	27	3	6	29	20	3	152	2	46	18
(C) Arrested Cases																	
3. Number of Persons X-rayed	0	8,001	24,573	1,637	468	2,794	9,897	12,318	1,980	1,926	3,953	0	937	22,394	0	9,708	0
(A) Miniature Films	264	231	863	127	6	89	510	864	103	159	98	1,113	36	593	97	913	125
(B) Large 14" x 17" Films	0	79	60	7	0	97	26	0	1	66	30	20	0	21	4	346	139
6 Visits to Medical Conferences	40	545	598	61	0	22	246	81	42	180	27	692	1	113	46	399	66
7. Tuberculin Test	546	306	454	267	13	107	546	755	142	152	454	381	31	1,735	133	1,047	125
8. Field Nursing Visits																	

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	Total
A. COMMUNICABLE DISEASE CONTROL																
1. Admissions to Service	579	151	25	17	118	48	66	47	28	14	28	763	164	1,939	6	28,850
2. Consultations and Conferences with Physicians	29	39	1	24	25	54	19	0	6	7	5	66	0	35	7	2,902
3. Field and Office Visits	607	250	31	45	172	64	108	49	54	16	28	1,115	164	1,969	10	33,109
IMMUNIZATIONS COMPLETED																
4. Smallpox	2,060	1,428	844	79	568	534	252	499	200	321	127	419	109	626	413	61,099
5. Diphtheria, (5-7)	2,618	2,259	1,512	383	1,167	663	342	868	617	283	307	624	272	960	556	76,469
8. Typhoid Fever	359	202	144	844	2,359	108	60	575	145	215	9	331	806	147	204	68,663
9. Whooping Cough, (9-11)	2,618	2,189	973	382	720	663	342	694	575	243	158	335	272	969	626	61,511
12. Tetanus	2,692	2,280	2,082	538	2,306	806	394	935	1,298	402	310	561	552	1,159	1,015	94,236
INTESTINAL PARASITE CONTROL																
14. Admissions to Service	534	550	326	47	239	83	198	456	180	74	123	79	175	635	172	22,945
15. Field and Office Visits	781	586	326	47	239	125	319	466	180	74	123	110	178	635	172	27,206
16. Treatments Given	422	576	326	47	239	99	233	466	180	74	123	69	178	685	172	21,345
B. VENEREAL DISEASE CONTROL																
1. Admissions to Medical Service	468	403	45	92	39	159	160	60	111	58	37	137	47	47	3	21,212
2. Visits to Medical conferences	2,019	673	57	195	45	296	196	86	115	84	81	448	76	73	5	62,570
3. Field Visits and Epidemiological Investigations	2,515	391	266	60	39	322	318	28	81	33	7	790	31	55	14	43,552
4. Treatments given	576	304	73	67	32	136	162	51	92	22	23	124	51	48	38	16,931
C. TUBERCULOSIS CONTROL																
1. Admissions to Medical Service																
(A) Cases	231	37	4	0	6	22	1	3	11	2	2	15	5	20	0	1,449
(B) Contacts and Suspects	458	66	9	0	3	63	0	4	10	7	9	0	0	54	0	8,419
(C) Arrested cases	76	13	0	0	0	8	0	4	0	1	0	23	0	0	0	1,460
2. Admissions to Nursing Service																
(A) Cases	149	103	12	19	12	45	32	3	8	9	4	118	2	24	3	3,410
(B) Contacts and Suspects	275	375	38	97	51	285	118	69	59	15	27	416	43	72	22	9,093
(C) Arrested Cases	64	107	6	32	5	20	5	12	0	3	3	120	6	11	6	1,572
3. Number of Persons X-rayed																
(A) Miniature Films	78,549	34,041	4,248	0	0	12,561	0	0	84	2,537	832	21,938	917	0	0	440,892
(B) Large 14" x 17" Films	7,885	1,344	876	134	32	691	117	80	27	42	23	961	41	123	51	32,512
6 Visits to Medical Conferences	979	349	17	0	10	120	1	15	32	16	21	259	7	124	0	26,435
7. Tuberculin Test	329	305	97	29	2	234	11	17	84	12	6	496	11	108	25	17,378
8. Field Nursing Visits	1,743	1,527	265	373	144	548	220	56	81	54	35	1,086	69	190	61	29,637

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
C. TUBERCULOSIS CONTROL (Cont.)																	
9. Office Nursing Visits	33	139	27	4	198	498	99	39	60	40	10	12	4	8	71	28	254
10. Cases Hospitalized	26	13	28	7	13	44	5	0	4	4	5	6	505	2	5	23	137
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service	439	37	233	70	219	405	15	9	22	93	59	174	3,020	1	76	36	438
3. Admissions to Antepartum Nursing Service	481	82	234	72	181	443	17	14	42	116	78	312	2,438	0	74	235	537
4. Visits by Antepartum Cases to Medical Conferences	1,265	67	684	175	591	1,039	20	30	29	233	78	508	10,959	0	220	118	686
5. Number of Clinic Sessions Conducted	207	51	46	20	113	121	15	19	19	30	19	133	448	0	29	19	135
6. Field Nursing Visits Antepartum	438	137	83	174	291	283	12	32	52	218	18	176	3,591	0	76	416	532
7. Office Nursing Visits Antepartum	1,990	9	727	39	477	1,671	33	40	22	283	196	777	229	0	222	185	1,771
10. Postpartum Medical Examinations	210	39	53	7	63	53	3	1	0	22	5	10	955	0	8	22	176
11. Admissions to Postpartum Nursing Service	468	88	94	108	205	297	10	12	28	95	25	328	2,885	0	41	284	419
12. Field Nursing Visits Postpartum	827	103	73	255	322	363	10	30	49	145	14	763	7,712	0	38	383	841
13. Office Nursing Visits Postpartum	159	9	73	6	61	55	2	11	1	5	18	2	26	0	29	9	199
14. Admissions for Midwife Supervision	13	7	3	4	6	5	1	2	2	3	2	9	18	0	3	1	7
15. Attendance of Midwives at Meetings	10	12	0	0	3	12	0	0	0	4	0	64	165	0	3	0	17
D. MATERNITY SERVICE																	
16. Visits for Midwife Supervision	55	42	12	30	44	116	1	29	12	28	2	56	23	0	34	8	86
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service	293	71	55	73	120	378	18	8	7	82	29	415	3,276	0	39	442	411
2. Admissions to Nursing Service	792	150	100	202	337	776	37	29	56	178	76	360	3,996	1	98	995	839
3. Visits to Medical Conferences	482	149	69	113	137	891	19	26	7	112	30	415	8,122	0	57	1,185	930
4. Field Nursing Visits	1,351	254	155	571	639	1,425	42	56	137	346	82	900	11,054	1	205	1,571	1,855
5. Office Nursing Visits	425	15	93	17	246	1,340	45	45	0	137	77	39	161	0	67	1,177	1,584
PRESCHOOL																	
6. Admissions to Medical Service	357	335	50	76	109	31	71	12	98	283	10	174	3,467	113	117	913	25
7. Admissions to Nursing Service	1,197	510	127	734	737	147	119	110	94	273	27	1,159	3,311	120	243	2,127	703
8. Visits to Medical Conferences	376	706	78	94	186	66	82	16	101	295	10	174	6,200	113	127	2,152	31
9. Field Nursing Visits	1,744	999	232	1,802	1,176	44	48	185	288	464	38	1,565	6,803	28	427	3,067	1,315
10. Office Nursing Visits	281	18	89	10	328	594	101	108	1	147	18	0	159	99	108	1,622	702
12. Number of Infant-Preschool Clinic Sessions Conducted	336	51	32	20	88	100	24	24	11	39	17	151	340	17	38	116	71

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
C. TUBERCULOSIS CONTROL (Cont.)																	
9. Office Nursing Visits	820	16	69	2	14	49	6	62	10	144	147	160	118	155	84	9	29
10. Cases Hospitalized	1	1	35	1	1	1	5	4	11	5	1	79	1	2	18	3	3
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service	64	21	312	12	18	6	23	26	42	16	32	1,721	29	1	215	37	22
3. Admissions to Antepartum Nursing Service	67	23	438	37	1	10	73	31	0	18	21	1,985	39	75	385	86	34
4. Visits by Antepartum Cases to Medical Conferences	170	53	741	14	28	16	30	66	125	25	70	6,555	52	1	258	67	45
5. Number of Clinic Sessions Conducted	51	35	170	12	20	11	18	33	66	25	29	228	30	0	74	22	20
6. Field Nursing Visits Antepartum	26	24	148	105	1	13	45	42	0	9	15	1,672	44	73	304	44	50
7. Office Nursing Visits Antepartum	192	34	931	9	3	6	197	82	0	27	16	7,899	54	103	863	196	55
10. Postpartum Medical Examinations	13	3	79	2	0	1	2	13	1	8	2	869	8	0	65	7	0
11. Admissions to Postpartum Nursing Service	7	16	424	37	2	10	75	29	0	20	12	1,636	32	93	331	108	17
12. Field Nursing Visits Postpartum	32	27	520	84	2	26	131	62	0	52	13	2,422	52	181	565	203	28
13. Office Nursing Visits Postpartum	31	2	97	0	0	2	1	9	0	7	2	924	6	6	84	1	9
14. Admissions for Midwife Supervision	3	1	14	0	1	1	7	2	1	1	2	13	5	8	14	7	1
15. Attendance of Midwives at Meetings	11	0	112	0	1	0	6	4	0	0	0	25	3	7	27	13	0
D. MATERNITY SERVICE																	
16. Visits for Midwife Supervision	13	5	68	0	6	8	14	12	2	0	28	22	32	14	201	20	14
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service	46	26	172	18	12	10	100	16	31	24	50	2,202	127	0	66	47	17
2. Admissions to Nursing Service	81	80	584	68	2	45	96	48	0	58	51	3,161	58	140	353	160	54
3. Visits to Medical Conferences	98	49	272	20	19	10	170	19	31	27	81	5,159	174	0	73	64	32
4. Field Nursing Visits	49	128	787	221	3	80	169	93	0	115	67	2,887	105	310	593	396	75
5. Office Nursing Visits	196	25	427	0	0	17	10	11	0	29	25	5,809	18	91	112	132	86
PRESCHOOL																	
6. Admissions to Medical Service	62	22	60	80	28	29	243	102	17	16	308	3,962	100	4	41	11	57
7. Admissions to Nursing Service	127	15	1,060	182	0	60	159	199	0	133	59	4,979	182	130	234	123	151
8. Visits to Medical Conferences	77	29	110	109	23	29	414	105	20	16	385	8,021	107	4	43	11	57
9. Field Nursing Visits	98	19	1,337	552	0	265	284	192	0	244	91	2,469	282	201	258	170	171
10. Office Nursing Visits	182	17	386	0	0	9	5	114	0	18	27	9,586	61	63	39	81	175
12. Number of Infant-Preschool Clinic Sessions Conducted	51	30	82	42	11	13	68	36	36	27	23	421	46	0	49	13	18

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco
C. TUBERCULOSIS CONTROL (Cont.)																	
9. Office Nursing Visits	41	389	46	9	0	44	113	29	23	87	106	68	81	352	61	77	254
10. Cases Hospitalized	12	12	65	13	0	12	22	15	2	10	6	3	46	53	6	71	12
D. MATERNITY SERVICE																	
1. Admissions to Antepartum Medical Service	94	133	328	42	14	56	71	0	0	66	28	44	4	415	55	549	30
3. Admissions to Antepartum Nursing Service	190	186	251	46	13	53	68	239	3	71	106	77	20	148	74	336	46
4. Visits by Antepartum Cases to Medical Conferences	190	224	1,140	112	27	166	221	0	0	266	48	91	5	1,187	121	1,316	33
5. Number of Clinic Sessions Conducted	50	84	68	64	26	53	49	0	0	64	15	17	4	188	42	168	31
6. Field Nursing Visits Antepartum	404	115	297	8	24	10	122	432	3	17	308	76	24	329	42	416	32
7. Office Nursing Visits Antepartum	83	443	23	81	31	97	295	39	0	292	59	146	30	27	201	1,118	52
10. Postpartum Medical Examinations	40	27	95	3	20	18	46	0	0	30	0	15	0	132	16	168	2
11. Admissions to Postpartum Nursing Service	220	252	412	77	18	114	85	308	4	62	61	49	19	332	61	520	40
12. Field Nursing Visits Postpartum	490	413	745	99	26	155	127	751	5	79	162	55	31	468	110	1,110	46
13. Office Nursing Visits Postpartum	10	39	0	5	0	7	50	1	0	41	2	25	12	1	44	31	11
14. Admissions for Midwife Supervision	5	1	16	5	2	8	4	20	1	6	7	3	0	5	4	6	1
15. Attendance of Midwives at Meetings	0	0	63	5	2	38	44	99	0	93	33	0	0	24	6	42	8
D. MATERNITY SERVICE																	
16. Visits for Midwife Supervision	23	3	7	10	1	13	31	53	4	104	147	14	0	8	6	28	1
E. INFANT & PRESCHOOL HYGIENE																	
INFANT																	
1. Admissions to Medical Service	55	50	181	6	6	5	51	2	5	70	72	50	5	347	32	369	33
2. Admissions to Nursing Service	317	297	480	103	39	108	102	377	59	104	136	129	30	485	115	701	84
3. Visits to Medical Conferences	58	59	223	7	6	7	56	2	5	190	169	54	8	737	37	619	33
4. Field Nursing Visits	756	610	1,008	138	83	157	200	1,242	121	90	408	247	43	696	189	1,862	85
5. Office Nursing Visits	41	114	76	12	9	5	65	17	33	239	164	159	24	87	139	336	73
PRESCHOOL																	
6. Admissions to Medical Service	3	38	235	6	2	2	12	22	97	124	317	363	4	1,534	20	17	186
7. Admissions to Nursing Service	584	167	822	234	64	13	122	253	458	188	352	484	40	910	344	158	298
8. Visits to Medical Conferences	3	44	276	6	2	3	13	22	99	351	983	363	5	2,401	20	26	186
9. Field Nursing Visits	801	239	1,336	286	143	19	135	859	338	109	1,008	246	58	1,169	525	229	279
10. Office Nursing Visits	97	103	43	4	8	1	58	3	414	485	887	401	28	41	290	686	308
12. Number of Infant-Preschool Clinic Sessions Conducted	26	71	78	13	0	0	35	2	29	142	46	25	3	223	33	145	26

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	Total
C. TUBERCULOSIS CONTROL (Cont.)																
9. Office Nursing Visits	1,164	501	27	84	20	281	15	109	53	22	14	611	100	145	16	8,310
10. Cases Hospitalized	98	51	12	4	6	15	6	1	11	2	1	40	8	10	2	1,626
D. MATERNITY SERVICE																
1. Admissions to Antepartum Medical Service	424	539	147	6	13	49	77	21	112	37	51	86	62	53	36	11,580
3. Admissions to Antepartum Nursing Service	424	585	186	211	16	59	187	84	168	46	62	234	41	53	69	12,976
4. Visits by Antepartum Cases to Medical Conferences	1,193	958	394	12	19	107	184	37	310	78	135	409	225	108	39	34,373
5. Number of Clinic Sessions Conducted	126	135	103	6	16	17	23	37	23	21	47	56	65	42	26	3,929
6. Field Nursing Visits Antepartum	608	638	43	151	2	107	271	100	35	6	120	412	79	29	30	14,434
7. Office Nursing Visits Antepartum	1,446	1,485	474	311	22	95	128	96	422	105	135	410	17	153	111	27,765
10. Postpartum Medical Examinations	245	115	50	0	0	30	18	0	4	1	7	39	23	42	28	3,909
11. Admissions to Postpartum Nursing Service	293	441	188	118	2	37	257	110	83	8	45	299	63	53	77	12,894
12. Field Nursing Visits Postpartum	715	804	221	209	4	123	481	202	157	6	50	560	136	45	123	25,036
13. Office Nursing Visits Postpartum	214	81	91	38	1	24	14	23	11	2	16	41	2	46	17	2,746
14. Admissions for Midwife Supervision	1	2	10	3	5	0	3	6	4	6	0	6	7	6	5	325
15. Attendance of Midwives at Meetings	0	25	87	2	2	0	0	7	4	3	0	4	25	10	12	1,137
D. MATERNITY SERVICE																
16. Visits for Midwife Supervision	1	38	50	11	9	0	116	32	3	20	0	31	15	17	13	1,836
E. INFANT & PRESCHOOL HYGIENE																
INFANT																
1. Admissions to Medical Service	707	466	109	20	18	46	17	17	50	44	67	97	56	77	69	11,875
2. Admissions to Nursing Service	1,028	764	250	377	22	83	298	169	161	64	80	410	115	94	92	21,729
3. Visits to Medical Conferences	1,463	1,045	146	32	18	56	17	21	63	61	107	274	77	102	74	24,868
4. Field Nursing Visits	2,328	1,819	280	631	16	205	619	306	304	27	150	880	259	85	107	42,673
5. Office Nursing Visits	2,174	806	200	215	14	32	22	92	95	71	117	306	32	138	62	18,375
PRESCHOOL																
6. Admissions to Medical Service	1,432	118	145	5	12	55	0	32	12	11	93	299	100	66	38	16,773
7. Admissions to Nursing Service	1,885	369	171	316	36	50	519	296	412	24	125	659	366	76	137	30,463
8. Visits to Medical Conferences	2,093	129	187	7	12	76	0	45	12	15	128	631	171	68	36	28,680
9. Field Nursing Visits	1,867	1,039	164	579	29	170	1,215	395	628	21	218	1,122	628	14	187	42,908
10. Office Nursing Visits	2,747	161	218	90	10	21	46	159	35	13	111	722	75	88	74	23,565
12. Number of Infant-Preschool Clinic Sessions Conducted	155	81	98	7	30	10	12	59	25	15	47	157	41	34	27	4,126

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
F. SCHOOL																	
1. Pupils Inspected	1,453	859	2,672	1,231	546	5,582	131	1,252	935	655	425	12	108,844	168	322	7,148	10,509
2. Pupils Examined	1,924	989	2,682	214	1,048	2,200	240	162	489	172	622	836	24,329	174	68	70	1,147
4. Admissions to Nursing Service	542	288	405	186	466	2,562	320	188	48	402	38	0	9,385	13	42	381	1,977
5. Field Nursing Visits	1,269	338	601	285	226	1,503	810	153	79	196	57	4	5,010	42	143	711	740
6. Office Nursing Visits	984	200	1,463	86	674	4,906	112	803	15	523	18	0	23,431	3	56	353	1,940
7. Number of Corrections Secured	275	14	236	96	26	51	51	90	36	30	38	0	6,842	8	12	7	290
8. Cases Hospitalized	0	0	3	0	8	0	3	1	3	0	6	0	1	0	0	0	8
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)	2,831	158	1,507	393	1,348	7,987	138	223	469	629	533	774	6,712	532	364	8,398	7,171
H. MORBIDITY																	
3. Field and Office Medical Visits	804	147	14	168	24	697	2	7	16	61	33	437	0	11	103	0	28
4. Field and Office Nursing Visits	116	93	29	134	66	1,363	24	46	86	79	67	509	420	5	82	76	344
J. CANCER CONTROL																	
1. Admissions to Service	124	12	66	39	32	85	19	16	9	34	29	20	25	15	9	4	194
2. Field Visits	11	15	161	178	60	119	46	27	36	60	29	2	134	58	20	17	404
3. Office Visits	187	13	6	24	32	237	14	22	4	22	26	20	0	8	22	0	1,074
4. Ambulatory Cases Treated	2	1	20	17	4	24	67	3	1	4	5	0	0	4	0	0	10
K. DIABETES																	
1. Admissions to Service	6	7	33	3	22	34	9	9	12	11	17	1	4	0	6	3	63
2. Field Visits	37	0	6	7	86	135	8	14	31	29	13	3	12	0	16	5	166
3. Office Visits	1	37	31	1	71	132	9	33	30	11	22	0	0	0	55	2	2
L. CRIPPLED CHILDREN																	
1. Admissions to Service	53	21	137	43	48	102	22	36	17	49	4	11	17	13	11	14	287
2. Field Visits	90	17	233	203	145	227	81	20	47	142	22	32	26	4	46	18	543
3. Office Visits	4	6	19	8	29	38	14	36	8	23	5	0	0	0	16	2	23
4. Clinic Visits	223	11	137	116	95	0	65	48	20	75	6	0	0	13	17	0	2
5. Cases Hospitalized	19	2	7	14	21	0	5	1	5	8	1	0	0	1	0	0	5
M. DENTAL HYGIENE																	
1. Admissions to Service	3,660	0	0	0	0	0	0	0	0	146	0	0	725	0	0	298	1
2. Preschool Inspections	0	0	0	0	0	0	0	0	0	146	0	0	0	0	0	0	0
3. School Inspections	3,660	0	0	0	0	0	0	0	0	0	0	0	435	0	0	12,610	97
6. Fluoride Treatments Completed	0	0	0	0	0	0	0	0	0	0	0	0	112	0	0	243	0
P. SANITATION																	
1. Approved Water Supplies Installed	0	0	18	0	15	226	2	13	0	0	7	32	13	0	0	12	426
(A) Private and Public	0	0	1	0	10	1	2	5	0	0	1	0	87	2	0	405	916
(B) New Public Water Connections	0	0	0	0	0	0	0	0	0	0	0	12	2	0	0	0	0
(C) Drinking Fountains	0	0	0	0	0	0	0	0	2	0	1	12	4	7	3	9	17
2. New Specification Privies Installed	206	0	0	0	0	22	6	0									

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
F. SCHOOL																	
1. Pupils Inspected	559	211	1,822	152	121	1,076	761	2,884	385	757	1,339	14,594	207	1,186	539	2	26
2. Pupils Examined	238	202	417	880	274	157	576	287	437	915	982	11,626	836	242	116	11	246
4. Admissions to Nursing Service	239	83	227	12	14	169	0	276	23	99	170	4,704	342	203	190	44	158
5. Field Nursing Visits	120	12	448	71	12	362	0	233	20	178	124	3,095	318	270	173	35	88
6. Office Nursing Visits	1,120	102	786	0	5	539	0	393	8	1,248	98	4,656	309	97	208	57	239
7. Number of Corrections Secured	28	0	52	4	7	2	0	111	37	128	15	1,732	7	42	24	5	3
8. Cases Hospitalized	0	0	1	1	0	1	0	0	0	0	0	13	0	1	0	0	0
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)	249	533	611	456	92	325	766	441	492	270	574	32,512	453	209	194	238	70
H. MORBIDITY																	
3. Field and Office Medical Visits	64	378	8	0	45	13	372	125	14	30	80	87	4	1	11	0	57
4. Field and Office Nursing Visits	136	585	1,280	436	43	536	198	187	81	41	122	3,087	110	87	44	0	44
J. CANCER CONTROL																	
1. Admissions to Service	8	33	35	9	8	25	16	33	22	7	18	723	67	27	34	14	18
2. Field Visits	6	50	249	12	11	129	6	35	5	11	75	591	61	130	62	20	51
3. Office Visits	8	68	17	17	9	10	32	17	35	11	12	1,394	80	38	13	3	37
4. Ambulatory Cases Treated	2	10	0	0	1	0	12	2	35	0	1	154	3	33	0	0	1
K. DIABETES																	
1. Admissions to Service	7	15	19	3	7	17	3	15	13	6	32	589	43	22	13	11	10
2. Field Visits	6	30	46	0	6	123	3	2	0	14	24	248	45	120	3	10	5
3. Office Visits	8	43	41	5	23	70	5	113	62	17	106	1,555	224	31	48	12	49
L. CRIPPLED CHILDREN																	
1. Admissions to Service	9	70	70	19	9	29	49	31	13	16	19	800	60	73	122	46	19
2. Field Visits	52	42	243	49	8	104	23	38	0	28	31	1,002	142	297	60	115	108
3. Office Visits	1	17	31	0	9	5	6	2	9	2	3	79	38	11	12	12	5
4. Clinic Visits	7	35	53	0	24	2	89	119	14	55	1	1,414	94	91	226	0	11
5. Cases Hospitalized	3	1	17	1	5	3	4	7	0	0	0	170	16	11	2	2	0
M. DENTAL HYGIENE																	
1. Admissions to Service	0	0	1,628	0	0	0	0	0	0	0	0	4,460	1,315	11	0	0	0
2. Preschool Inspections	0	0	0	0	0	0	0	1	0	0	0	79	0	0	0	0	0
3. School Inspections	0	0	1,633	0	0	0	0	424	0	0	0	18,263	1,480	0	0	0	0
6. Fluoride Treatments Completed	0	0	208	0	0	0	0	0	0	0	0	467	0	0	0	0	0
P. SANITATION																	
1. Approved Water Supplies Installed																	
(A) Private and Public	5	0	76	5	0	1	0	8	0	0	4	813	1	3	0	2	0
(B) New Public Water Connections	17	0	308	0	0	42	0	26	0	0	1	1,513	3	0	0	4	0
(C) Drinking Fountains	2	1	10	0	0	0	0	1	0	0	9	1	0	0	0	0	0
2. New Specification Privies Installed	2	13	75	0	0	4	1	8	0	5	1	32	50	5	11	3	1

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco
F. SCHOOL																	
1. Pupils Inspected	4,803	711	2,083	1,861	289	141	1,519	5,026	577	5,088	7,308	2,661	230	8,595	767	16,295	9,280
2. Pupils Examined	697	863	642	881	152	186	484	917	98	636	940	1,637	121	534	577	372	690
4. Admissions to Nursing Service	753	289	498	149	274	29	511	705	4	1,372	861	1,848	88	1,332	213	1,714	2,460
5. Field Nursing Visits	728	266	697	187	358	118	783	1,437	6	182	778	282	100	2,101	114	2,268	1,009
6. Office Nursing Visits	478	264	123	12	299	70	461	88	1	3,788	2,016	2,087	157	2,291	290	5,251	2,532
7. Number of Corrections Secured	64	42	115	29	7	0	213	111	0	57	49	122	11	660	35	415	68
8. Cases Hospitalized	5	0	0	1	0	0	3	0	0	3	1	1	0	22	2	3	11
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)	700	1,828	3,608	450	63	309	1,945	1,775	0	1,620	591	912	183	1,944	434	5,134	2,216
H. MORBIDITY																	
3. Field and Office Medical Visits	1	51	1,181	24	0	0	14	0	0	838	40	19	8	86	12	225	76
4. Field and Office Nursing Visits	156	241	43	297	538	19	309	3	4	1,118	353	691	83	70	275	850	204
J. CANCER CONTROL																	
1. Admissions to Service	25	47	86	25	18	33	72	6	13	54	43	63	10	196	8	127	78
2. Field Visits	82	163	57	44	10	23	182	13	18	188	159	65	21	30	8	87	109
3. Office Visits	7	43	352	5	17	27	243	0	5	172	38	45	12	553	5	374	77
4. Ambulatory Cases Treated	1	4	254	0	9	58	26	0	13	160	23	13	5	180	0	117	14
K. DIABETES																	
1. Admissions to Service	21	29	7	11	7	16	52	24	10	32	22	31	7	48	23	11	26
2. Field Visits	58	36	23	10	30	4	169	112	39	29	85	20	22	22	50	72	32
3. Office Visits	5	67	3	6	50	30	21	3	8	430	30	154	19	313	110	10	86
L. CRIPPLED CHILDREN																	
1. Admissions to Service	72	119	298	40	20	13	79	136	22	39	45	125	17	112	20	42	137
2. Field Visits	186	119	572	45	46	40	270	422	40	84	115	146	62	208	119	219	115
3. Office Visits	24	74	9	5	4	7	16	12	3	39	9	18	20	8	13	23	58
4. Clinic Visits	73	171	881	21	11	359	179	0	49	123	25	111	10	0	46	0	302
5. Cases Hospitalized	21	19	48	3	0	11	9	0	6	2	10	9	3	1	5	2	34
M. DENTAL HYGIENE																	
1. Admissions to Service	0	0	0	0	104	0	18	0	0	0	2,966	2	0	1,478	0	537	28
2. Preschool Inspections	0	0	0	0	0	0	16	0	0	0	0	0	0	90	0	0	4
3. School Inspections	0	22	2,889	0	113	0	0	0	0	0	2,966	1,327	0	12,908	0	9,628	31
6. Fluoride Treatments Completed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P. SANITATION																	
1. Approved Water Supplies Installed																	
(A) Private and Public	38	0	2	0	0	0	0	96	0	4	24	0	1	65	18	63	4
(B) New Public Water Connections	201	1	0	0	0	0	313	182	0	194	45	0	0	426	8	4	0
(C) Drinking Fountains	0	0	0	0	0	0	0	1	0	4	0	0	0	0	0	1	1
2. New Specification Privies Installed	0	4	1	11	4	1	1	15	0	19	0	3	1	1	2	8	1

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Wakulla	Walton	Washington	Total
F. SCHOOL																
1. Pupils Inspected	25,020	2	3,626	2	134	20,455	12,257	768	50	120	117	12,707	509	967	249	312,532
2. Pupils Examined	7,428	476	1,724	52	1,399	758	432	617	420	38	138	2,509	218	1,079	639	83,512
4. Admissions to Nursing Service	9,063	270	179	10	1,645	453	754	174	216	68	23	1,566	34	1,258	90	53,099
5. Field Nursing Visits	3,786	20	175	25	329	951	2,393	307	89	131	33	951	43	185	138	38,696
6. Office Nursing Visits	6,641	276	405	1	1,483	208	664	228	192	84	19	1,577	40	1,599	137	79,189
7. Number of Corrections Secured	16,758	0	91	0	22	161	0	19	8	17	5	72	0	57	11	29,518
8. Cases Hospitalized	46	0	0	2	2	10	0	0	0	1	0	2	0	0	0	165
G. ADULT HYGIENE-MEDICAL EXAMINATIONS (1-4)	16,837	90	704	305	475	243	9	584	311	320	124	1,490	261	736	437	125,290
H. MORBIDITY																
3. Field and Office Medical Visits	614	10	227	0	16	63	6	91	82	7	280	0	401	7	5	8,225
4. Field and Office Nursing Visits	3,110	1,465	244	21	210	327	15	84	3	41	347	4	322	20	5	21,978
J. CANCER CONTROL																
1. Admissions to Service	148	291	30	24	52	35	22	36	23	20	15	146	19	40	29	3,663
2. Field Visits	51	199	71	123	56	110	52	42	20	42	20	44	21	40	55	5,036
3. Office Visits	549	746	44	2	131	52	1	46	55	19	21	288	19	35	53	7,543
4. Ambulatory Cases Treated	106	14	31	28	32	35	0	3	6	50	4	16	14	0	1	1,633
K. DIABETES																
1. Admissions to Service	23	134	18	4	30	9	2	17	26	0	6	67	8	24	5	1,815
2. Field Visits	25	277	39	0	16	163	2	9	14	0	4	101	48	71	14	2,849
3. Office Visits	15	50	9	14	64	11	1	26	28	0	41	381	10	118	32	4,994
L. CRIPPLED CHILDREN																
1. Admissions to Service	17	61	27	83	95	44	46	45	51	47	23	113	28	58	16	4,429
2. Field Visits	39	92	43	290	113	128	192	105	134	163	110	294	81	47	68	8,890
3. Office Visits	10	9	7	0	34	13	1	45	6	6	5	23	4	62	5	1,045
4. Clinic Visits	34	4	46	115	258	119	128	72	74	181	40	204	1	42	150	6,892
5. Cases Hospitalized	2	3	0	9	15	15	11	3	1	3	2	11	3	18	4	614
M. DENTAL HYGIENE																
1. Admissions to Service	679	0	0	0	0	3	0	0	0	0	0	453	0	1,847	0	20,359
2. Preschool Inspections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	336
3. School Inspections	16,984	0	0	0	0	78	0	0	0	0	0	419	0	1,847	0	87,714
6. Fluoride Treatments Completed	0	0	0	0	0	0	0	0	0	0	0	36	0	0	0	1,066
P. SANITATION																
1. Approved Water Supplies Installed...																
(A) Private and Public	1	47	121	1	4	92	14	19	1	15	0	10	0	0	3	2,315
(B) New Public Water Connections	2	859	121	0	20	1	0	27	6	12	0	58	0	10	0	5,829
(C) Drinking Fountains	11	15	1	0	0	1	10	4	1	0	0	4	0	18	0	110
2. New Specification Privies Installed	38	6	3	1	2	29	8	1	16	5	29	2	5	8	23	748

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Alachua	Baker	Bay	Bradford	Brevard	Broward	Calhoun	Charlotte	Citrus	Clay	Collier	Columbia	Dade	DeSoto	Dixie	Duval	Escambia
3. Privies	41	1	1	0	0	42	5	0	7	0	0	2	2	0	0	42	9
4. Percolation Tests	494	0	476	18	154	606	9	5	4	233	128	56	49	1	2	2,012	408
5. New Specification Septic Tank Installed	265	16	287	21	516	4,896	55	42	20	63	189	863	389	17	14	1,966	1,737
6. Septic Tanks Reconditioned	8	3	0	6	0	24	2	2	1	8	11	85	341	0	12	34	14
7. New Public Sewer Connections	5	15	88	0	25	184	5	4	0	2	0	0	6	21	0	911	371
FIELD VISITS (8-17)	4,739	1,987	2,786	540	2,250	17,409	559	407	770	878	732	2,379	47,299	904	194	8,716	19,133
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision	233	42	276	72	65	610	30	16	27	100	108	42	4,662	22	23	534	250
2. Field Visits to Food-Handling Establishments	1,215	486	1,177	629	351	1,652	289	36	206	721	229	442	34,081	248	138	1,324	1,050
6. Dairy Farms Registered for Supervision	26	2	8	5	5	1	15	4	2	5	0	7	78	4	0	0	132
7. Field Visits to Dairy Farms	291	29	100	53	20	6	255	32	19	49	0	97	1,807	85	0	0	931
8. Milk and Milk Products Plants Registered for Supervision	7	0	4	4	1	2	0	1	0	2	0	8	77	1	0	0	14
9. Field Visits to Milk and Milk Products Plants	109	0	27	26	6	58	0	9	0	17	0	98	3,239	4	0	0	101
10. Cows Tuberculin Tested	2,808	4	74	0	0	0	0	353	0	0	0	0	13,636	0	0	0	3,318
11. Cows Bangs Tested	450	4	0	22	0	0	1	71	0	0	0	367	0	0	0	0	3,145
S. MOSQUITO CONTROL																	
1. Survey and Field Visits	29	0	1	23	2	0	39	0	0	0	1	0	0	0	0	0	7
3. Drainage—Linear Feet Completed	0	0	0	1,936	0	0	1,115	0	0	0	250	0	0	0	0	0	15,326
5. Mosquito Breeding Places Eliminated	0	0	0	6	0	0	2	0	0	0	0	0	0	0	0	0	1
6. Breeding Places Controlled—Acres	94,002	0	0	158	0	0	6	0	0	0	0	0	0	0	0	0	1,561
8. Structures Sprayed with D.D.T.	16	124	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0
T. RODENT CONTROL																	
1. Premises Rat-Proofed	1	0	0	0	0	3	0	0	0	0	0	0	59	0	0	0	0
2. Premises dusted, trapped or poisoned	2	111	0	1	0	0	0	0	6	0	0	0	10,497	0	0	0	282
5. Field Visits	0	893	1	10	0	1	0	0	25	0	0	0	14,102	0	0	0	855
V. GENERAL ADMINISTRATION																	
1. Visits in the interest of Vital Statistics	29	5	101	23	79	136	9	25	15	7	34	3	489	57	70	0	75
2. Lectures, Talks and Motion Picture Showings	29	26	131	32	67	150	78	229	20	35	8	5	719	49	149	18	250
4. Radio Talks Delivered	3	0	1	0	1	8	0	24	0	0	0	0	14	0	0	0	1
5. News Articles Published	0	0	11	21	2	445	3	34	7	82	12	0	159	0	6	0	4
X. LABORATORY—Specimens Examined (1-23)	15,634	1,240	8,461	1,424	5,522	28,337	1,695	15,03	1,972	1,887	1,731	5,481	67,707	2,640	2,567	17,166	21,476

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Flagler	Franklin	Gadsden	Gilchrist	Glades	Gulf	Hamilton	Hardee	Hendry	Hernando	Highlands	Hillsborough	Holmes	Indian River	Jackson	Jefferson	Lafayette
3. Privies	0	7	187	0	0	2	2	0	0	8	0	170	24	1	0	16	0
4. Percolation Tests	25	28	51	0	0	4	9	1	0	11	58	1,301	7	39	57	234	2
5. New Specification Septic Tank Installed	31	14	81	26	18	46	12	30	50	10	119	2,534	42	339	31	68	4
6. Septic Tanks Reconditioned	9	4	43	4	4	1	5	7	8	1	21	59	5	2	0	2	0
7. New Public Sewer Connections	0	8	158	0	0	27	0	33	0	0	10	315	13	2	8	3	0
FIELD VISITS (8-17)	397	718	2,134	1,140	124	637	1,133	975	277	557	1,601	49,585	574	1,355	1,194	675	32
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision	39	31	98	3	22	118	46	45	39	14	216	2,479	72	47	127	27	5
2. Field Visits to Food-Handling Establishments	135	305	461	231	191	1,073	115	100	327	118	522	13,292	335	374	461	199	35
6. Dairy Farms Registered for Supervision	0	2	13	1	8	2	1	4	5	1	2	102	23	16	38	9	28
7. Field Visits to Dairy Farms	0	21	167	15	216	26	5	63	114	2	10	2,101	205	104	357	171	318
8. Milk and Milk Products Plants Registered for Supervision	0	0	3	1	1	0	0	1	1	0	2	16	0	2	8	2	0
9. Field Visits to Milk and Milk Products Plants	0	0	22	15	2	0	0	2	32	0	3	947	0	4	27	22	0
10. Cows Tuberculin Tested	20	27	997	0	763	0	62	194	0	0	0	16,271	654	0	325	462	905
11. Cows Bangs Tested	0	27	1,084	0	576	0	95	1	267	0	0	2,260	695	166	0	338	993
S. MOSQUITO CONTROL																	
1. Survey and Field Visits	0	120	18	0	0	150	0	0	0	1	0	278	5	0	0	1	0
3. Drainage—Linear Feet Completed	0	9,030	0	0	0	50,901	0	0	0	0	0	40,337	0	0	0	0	0
5. Mosquito Breeding Places Eliminated	0	3	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0
6. Breeding Places Controlled—Acres	0	534	0	0	0	226	0	0	0	0	0	6,520	0	0	0	0	0
8. Structures Sprayed with D.D.T	0	38	66	0	0	13	0	0	0	0	0	0	6	0	0	0	3
T. RODENT CONTROL																	
1. Premises Rat-Proofed	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
2. Premises dusted, trapped or poisoned	0	86	124	0	0	0	1	0	0	1	0	0	11	8	2	14	0
5. Field Visits	0	89	82	0	0	0	1	0	0	1	0	0	11	4	0	3	0
V. GENERAL ADMINISTRATION																	
1. Visits in the interest of Vital Statistics	16	28	59	69	3	79	22	8	1	24	29	5	9	17	118	3	6
2. Lectures, Talks and Motion Picture Showings	17	21	156	11	1	123	21	50	3	558	41	566	48	35	139	151	26
4. Radio Talks Delivered	0	0	2	0	0	0	0	0	0	0	3	3	0	1	0	0	0
5. News Articles Published	12	30	31	1	0	4	0	0	3	6	9	106	42	1	19	31	3
X. LABORATORY—Specimens Examined (1-23)	1,316	1,551	4,448	690	477	2,889	2,138	3,554	1,141	1,446	2,645	91,316	3,186	1,902	7,068	1,434	595

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Lake	Lee	Leon	Levy	Liberty	Madison	Manatee	Marion	Martin	Monroe	Nassau	Okaloosa	Okeechobee	Orange	Osceola	Palm Beach	Pasco
3. Privies	1	3	0	0	0	0	1	60	0	24	3	1	1	0	1	9	0
4. Percolation Tests	123	73	642	21	0	47	409	378	101	34	153	483	6	1,794	7	234	6
5. New Specification Septic Tank Installed	625	253	407	20	1	20	1,019	348	126	112	134	251	8	1,968	48	2,003	49
6. Septic Tanks Reconditioned	11	14	6	6	1	8	5	225	4	49	12	18	3	15	5	174	13
7. New Public Sewer Connections	0	0	5	0	1	107	341	53	1	355	0	156	0	389	18	6	4
FIELD VISITS (8-17)	2,008	2,772	2,647	1,416	313	338	3,150	4,575	1,236	3,566	987	3,525	239	13,837	1,481	6,665	1,269
R. PROTECTION OF FOOD AND MILK																	
1. Food-Handling Establishments Registered for Supervision	108	127	264	38	9	35	231	158	68	104	45	125	38	228	49	663	98
2. Field Visits to Food-Handling Establishments	375	555	1,542	112	67	185	622	441	184	654	315	630	74	1,603	517	2,561	599
6. Dairy Farms Registered for Supervision	11	4	19	3	1	10	28	20	1	4	1	12	1	3	5	25	6
7. Field Visits to Dairy Farms	64	42	220	8	3	197	692	227	35	47	6	57	7	4	11	311	57
8. Milk and Milk Products Plants Registered for Supervision	8	1	4	2	0	0	3	5	3	0	1	1	3	3	0	78	0
9. Field Visits to Milk and Milk Products Plants	88	12	303	30	0	0	21	85	18	0	5	2	11	3	0	686	2,981
10. Cows Tuberculin Tested	996	0	1,221	0	0	723	2,433	503	0	0	0	427	0	0	143	54	2,746
11. Cows Bangs Tested	0	0	2,535	0	0	656	0	298	262	0	0	0	81	0	120	0	0
S. MOSQUITO CONTROL																	
1. Survey and Field Visits	39	58	1,055	91	0	0	0	9,832	0	18,861	3	1	0	0	59	0	0
3. Drainage—Linear Feet Completed	0	0	8,263	4,725	0	0	0	0	0	40	0	0	0	0	1,600	0	0
5. Mosquito Breeding Places Eliminated	0	0	18	9	0	0	0	660	0	215	0	0	0	0	0	0	0
6. Breeding Places Controlled—Acres	0	0	0	33	0	0	0	0	0	6,821	0	0	0	0	0	0	0
8. Structures Sprayed with D.D.T	24	0	0	81	0	0	0	0	0	4,338	0	4	0	0	2	0	0
T. RODENT CONTROL																	
1. Premises Rat-Proofed	1	0	0	0	0	0	0	0	0	0	63	0	0	0	0	0	0
2. Premises dusted, trapped or poisoned	7	0	21	305	0	3	0	109	0	770	16	1	0	0	27	0	0
5. Field Visits	9	0	34	168	0	0	0	240	0	243	0	1	0	0	6	28	0
V. GENERAL ADMINISTRATION																	
1. Visits in the interest of Vital Statistics	23	3	5	34	7	12	83	1	8	1,102	261	51	11	160	28	13	20
2. Lectures, Talks and Motion Picture Showings	29	32	50	98	26	117	195	84	34	320	82	67	3	527	28	342	66
4. Radio Talks Delivered	0	0	4	0	0	8	1	0	0	172	1	2	0	1	0	4	0
5. News Articles Published	2	2	131	18	6	18	175	2	31	478	44	7	4	42	10	14	6
X. LABORATORY—Specimens Examined (1-23)	3,117	6,646	23,107	2,154	987	1,676	7,508	4,412	1,685	6,966	2,778	3,001	868	9,907	1,976	20,341	4,079

TABLE 14 (continued)

SOME MAJOR ACTIVITIES OF LOCAL HEALTH UNITS DURING 1954

	Pinellas	Polk	Putnam	St. Lucie	Santa Rosa	Sarasota	Seminole	Sumter	Suwannee	Taylor	Union	Volusia	Walkulla	Walton	Washington	Total
3. Privies	8	30	0	8	0	28	0	1	2	3	0	2	0	17	0	772
4. Percolation Tests	5,645	768	188	63	21	330	351	0	29	18	0	546	3	15	1	18,971
5. New Specification Septic Tank Installed	3,402	1,626	166	305	29	774	281	93	15	43	31	846	8	320	23	30,165
6. Septic Tanks Reconditioned	53	28	0	8	3	68	36	80	1	3	6	18	0	31	1	1,571
7. New Public Sewer Connections	1,812	457	69	6	34	14	0	7	2	2	8	27	0	46	9	6,143
FIELD VISITS (8-17)	12,559	7,527	1,359	2,405	928	2,204	1,338	1,348	449	272	1,391	2,116	316	2,997	682	262,704
R. PROTECTION OF FOOD AND MILK																
1. Food-Handling Establishments Registered for Supervision	1,731	729	146	122	35	204	182	78	66	40	25	1,028	24	94	61	17,438
2. Field Visits to Food-Handling Establishments	9,702	1,626	357	316	74	801	509	346	524	188	74	6,535	182	301	329	95,448
6. Dairy Farms Registered for Supervision	46	31	5	7	32	16	7	8	15	4	4	17	1	25	23	944
7. Field Visits to Dairy Farms	827	442	37	26	110	148	20	128	206	50	68	717	19	142	296	12,893
8. Milk and Milk Products Plants Registered for Supervision	50	4	3	8	4	7	2	0	0	1	0	7	0	2	0	358
9. Field Visits to Milk and Milk Products Plants	615	88	16	12	25	79	6	0	0	11	0	354	0	11	0	10,282
10. Cows Tuberculin Tested	6,769	3,310	599	0	96	1,204	0	328	68	22	0	0	37	760	619	63,981
11. Cows Bangs Tested	551	2	0	22	32	140	0	199	384	22	0	0	37	784	585	17,267
S. MOSQUITO CONTROL																
1. Survey and Field Visits	0	5	0	1	12	0	17	7	0	0	0	0	8	32	0	30,751
3. Drainage—Linear Feet Completed	0	0	0	1,000	0	0	0	0	0	0	0	0	0	0	0	134,628
5. Mosquito Breeding Places Eliminated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	921
6. Breeding Places Controlled—Acres	0	0	0	2.5	0	0	0	0	0	0	0	0	0	8	0	109,871.5
8. Structures Sprayed with D.D.T.	0	0	0	1	0	1	9	0	26	0	0	0	2	474	0	5,235
T. RODENT CONTROL																
1. Premises Rat-Proofed	8	0	0	1	0	0	1	0	0	0	9	0	0	2	0	144
2. Premises dusted, trapped or poisoned	3,782	7	0	4	7	4	52	76	0	0	0	2	0	28	13	16,327
5. Field Visits	38	0	0	4	7	4	52	76	0	0	0	0	0	16	0	17,004
V. GENERAL ADMINISTRATION																
1. Visits in the interest of Vital Statistics	4	313	30	8	18	58	24	0	2	33	32	12	9	9	5	4,027
2. Lectures, Talks and Motion Picture Showings	445	141	113	5	46	709	176	13	9	24	0	129	1	71	26	7,970
4. Radio Talks Delivered	14	6	7	1	0	14	0	0	2	0	0	0	0	0	0	298
5. News Articles Published	329	9	14	17	4	131	6	6	11	1	15	1	0	0	44	2,662
X. LABORATORY—Specimens Examined (1-23)	34,796	9,793	3,481	1,363	2,107	8,757	2,210	2,691	2,322	1,470	798	5,817	1,665	2,138	2,508	491,708

DIVISION OF PUBLIC HEALTH NURSING

RUTH E. METTINGER, R.N., Director

This division has given consultative service to the county health units on a limited basis during the past year due to the fact that the personnel has been curtailed. Two consultants were assigned full-time to the nursing homes project, therefore, reducing nursing consultant service approximately 50 per cent.

The consultants have made an effort to evaluate the accomplishments of public health nursing. This has been done through a closer work relationship with other bureaus and divisions, and has resulted in a greater overall efficiency.

One consultant retired in August and was replaced in September by a public health coordinator, who previously served the four schools of nursing in Duval County. Her first few months of employment were confined to an orientation to personnel, policy and functions of the State Board of Health, and the functions of bureaus and divisions. During this orientation period, sixteen of the 25 counties to which she was assigned were visited and one county revisited.

CONSULTANT FIELD SERVICE

Each generalized consultant has the responsibility of a geographical area composed of 20 to 25 counties. Visits have been made on the basis of the most urgent need. However, priority has been given to counties lacking nursing supervision.

Securing well-prepared public health nurses for the county health units has been one of the major problems. Many of the nurses employed without formal public health training and experience have been unable to take advantage of the two months' orientation program in the field training center due to home responsibilities; also, due to the inability to secure temporary relief during the orientation period. The consultants have, therefore, concentrated on the one and two-nurse counties where there is an urgent need for supervision and direct consultation, orienting the nurse in the philosophy and trends of public health nursing.

Three of the consultants were assigned to the mass inoculation of gamma globulin in Leon County's epidemic of polio, and the follow-up of those cases hospitalized from the disease.

In January and February much time was given by one consultant in the Alachua County Health Department, working with the three trainees assigned for the two-month orientation program. This was necessary because the director of nurses for Alachua County was away in school.

WORKSHOPS AND IN-SERVICE EDUCATION

To better understand the program and work of the different bureaus and divisions, workshops have been held with the Bureau of Dental Health on fluoridation; the Division of Mental Health; and Nursing Homes Licensure Program. Following these workshops, consultants interpreted to the public health nurses in the county health units how these programs could be integrated into their generalized program. Thirty-five professional nurses attended the annual seminar on obstetrics which was held in Daytona Beach.

The 48-hour tuberculosis hospital exchange visits were continued in 1954. Two evaluation meetings were held during the year. Assistance was given in organizing the schedule of visits by the public health nurses to the tuberculosis hospitals and the tuberculosis hospital faculty to visit the health units. Sixty public health nurses had the 48-hour exchange visit in the tuberculosis hospitals. Twenty-four tuberculosis hospital faculty members have taken advantage of the two-day visit to the health departments.

Due to the lack of leadership qualities of nurses in the smaller counties, the division has assisted in planning the study program and assignment of resource material to individual nurses. The in-service study programs have stimulated interest in the chosen subjects presented.

SUPERVISORS' CONFERENCE

The supervisors' conference was held for two days in February, centering around the evaluation of records and efficiency reports. The conference was divided into five groups, each returning with recommendations. One of these was to establish a more meaningful efficiency report for nurses. A committee was appointed to work out details and make an interpretative guide to be used.

MIDWIFERY

(For additional information on midwifery, see report of Bureau of Maternal and Child Health.) Twenty-three group meetings were held by the state midwife consultant. Other conferences were held in the larger health units which the consultant could not attend because of previous commitments. Assistance was given with three orientation groups at the field training center in Alachua County. An interpretation of the midwife program was given to the student nurses in two schools of nursing.

Replacement of the aged and physically unfit midwives in areas still needing this service was carried out by the state midwife consultant.

Fifteen midwives were retired in 1954 and eleven new midwives were trained.

ADVANCED EDUCATION

Five nurses returned from universities after completing the approved program of study in public health nursing and supervision. Four scholarships have been granted for the years 1954-55 in the field of public health nursing. Many nurses have attended short courses in tuberculosis, cancer, geriatrics, and heart disease, as well as extension courses from the University of Florida.

FIELD EXPERIENCE IN PUBLIC HEALTH

At the request of Florida State University, five county health departments accepted ten student nurses for two months field experience in public health nursing. This has required a certain amount of time from the consultants in assisting the county with the preparation for the students before arrival. Prior to all assignment of students, a conference was held with the director of nursing service, advisory nurses and the professor of public health nursing at Florida State University. On completion of the four-year course in nursing preparation at the University, the nurses received a Bachelor's degree in nursing. This will prepare them for first-level positions in public health nursing.

Three-year diploma schools continue to request orientation in the field of public health. In two counties they have requested two weeks to one month and in other counties requested three days.

VISITING NURSE ASSOCIATIONS

The organization and development of the Visiting Nurse Association in St. Petersburg coordinated with the health department was accomplished in December with a staff of two nurses, making a total of twelve Visiting Nurse Associations in the state, seven of which are coordinated with county health units.

CIVIL DEFENSE

Three classes in nursing aspects of atomic warfare have been given by one of the nursing consultants. Efforts have been made to coordinate community activities relating to civil defense through the director of this division, who is chairman of the Florida State Civil Defense Nursing Service.

PERSONNEL

The accepted ratio of one public health nurse to each 5,000 population has never been met and the average is now approximately one to 10,000 population.

As of December 31, 1954, 347 public health nurses were employed. Thirty-six per cent of the public health nurses now employed in Florida have completed the approved program of study (one year) required for qualified public health nurses. This compares favorably with the national average of 35 per cent.

FIELD ADVISORY STAFF

GEORGE A. DAME, M.D., Acting Director

Due to the lack of operating funds, personnel actually engaged in consultation service to the counties has been rather limited. At present the director of the Bureau of Local Health Service is acting as director of the Field Advisory Staff. Other personnel consists of one record consultant and one sanitation consultant, and a secretary who also serves the Nursing Home Program. The counties also receive nursing consultation from personnel of the Public Health Nursing Division. When funds are available at least three record consultants and three sanitation consultants should be employed. Also a full quota of nursing consultants should be made available. Despite the paucity of personnel, the staff has been able to accomplish a goodly amount of work. The consultants are tactful, earnest and very efficient.

Sanitation consultant services were rendered to each of the counties during the year, and the one county without a health unit was visited in an investigation of a complaint. The greater portion of time was spent in the smaller counties as the need for assistance is more urgent in these areas.

Investigation of complaints received also consumed considerable time and many of these complaints were unjustified. It was found that the local health department had already taken necessary action if the complaints were of a public health nature.

Initial plans have been made for the establishment of coordinated in-service training programs for sanitarians.

Personnel turn-over in the county health units' clerical staff have caused the record consultant to spend considerable time in some of the counties training new personnel.

This year, due to the requirements of the nursing home licensure program which got into full swing after the departure of the director for duty in South America, the acting director made no visits to the counties expect in the interests of the nursing home program. Also, due to the shortage of personnel, the record consultant was unable to visit twenty-three counties. While the sanitation consultant was able to make calls in every county, some of these visits were of such short duration that little could be accomplished.

TABLE 15

ACTIVITIES OF THE ADVISORY STAFF

CONSULTANT	Counties Visited	Number Visits	TYPE VISITS		PERSONS SERVED				
			Routine	Request	Old Employee	New Employee	Health Officer	Group	Other
Record.....	43	56	25	31	31	20	3		
Sanitation.....	67	103	91	12	93	2	53	10	60
Total.....	110	159	116	43	124	22	56	10	60

NURSING HOME LICENSURE

A major change in the personnel administering this program was made necessary by the departure of Doctor James L. Wardlaw, Jr., for duty in South America, when Mr. Claudius J. Walker was assigned as supervisor of the program. Mr. Walker was replaced by Mr. James C. Still to act with Mrs. Ferne H. Britt, R. N., as the inspection-consultant team in the field. A second team was employed in the field from January until September. This team was discontinued with the retirement of the nurse member in September.

During the year 23 county health officers accepted jurisdiction of the nursing home licensure program in their respective counties. This leaves as of December 31, only eight counties in which nursing homes are still being inspected by central office personnel. These are Monroe, Palm Beach, Hillsborough, Volusia, St. Johns, Duval, Alachua and Leon. It is anticipated that all but three or four of these will assume control early in 1955.

During 1954 a total of 327 licenses were issued. Two hundred and eighty-three of these homes are still, to our knowledge, active. The remainder, 44, have closed for a variety of reasons too numerous to detail here. However, the main reason was inability to meet the requirements of the State Board of Health.

Personnel of the nursing home licensure program aided the State Welfare Department in a time-cost study of the operation of homes of all sizes and categories scattered throughout the state. This study will continue into 1955. No results are as yet available.

Only two hearings were demanded as a result of notices of intent to revoke or deny a license. One was held in Duval County, the other in Pinellas County. The order resulting from the hearing in Duval County has been appealed to the Circuit Court for that county. The case will come to a hearing early in 1955.

Sufficient time having passed to show that there were certain deficiencies in the original rules and regulations, a set of proposed changes in the original rules have been formulated for the consideration by the members of the State Board of Health.

Preliminary steps were taken, late in the year, to set up an educational program for operators of all types of homes. This program is planned as a joint enterprise of the State Board of Health and the General Extension Division of the state universities.

FIELD TRAINING CENTER

FRANK M. HALL, M.D., M.P.H.

The Field Training Center is prepared to serve in the planning, preparation, and presentation of comprehensive programs for (1) employees of the state and local health departments and (2) students from

colleges, schools and universities who are preparing for professional careers in public health specialities. The purpose of the training is (1) to provide pre-service and in-service training for all types of public health workers associated with or employed by health agencies, (2) to provide supervised field experience recommended as a component part of, or supplement to, a rather limited academic instruction, and (3) to encourage agency relations and maintain liaison in the broad health department field for the purpose of creating enthusiasm among employers and employees for staff training.

The training program in 1954 was affected by the lack of trained supervisory personnel attached directly to the Center; restricted budgetary appropriations; lack of enthusiasm for training on the local level, and possibly a shortage in the number of applicants who meet the academic requirements for training. In spite of these apparent discouraging circumstances the number trained during 1954 were: 6 physicians (less than one month); 9 nurses (1-2 months), and 7 sanitarians (2-3 months).

The medical group included county health officers. Physician visitors from foreign countries on educational grants of one sort and another were also oriented. Three of the nurses receiving training were degree applicants from Florida A. and M. University. In addition, sixteen nurse affiliates of the local hospital, applicants for a diploma, participated in a limited field experience. All of these persons were superior in that their desire to learn and the willingness to apply themselves were above the average.

The experiment in changed timing for the sanitarians' training was instituted with the only group to report to the Center during 1954. These men, of which there are seven, will report to the Center for four weeks of field and academic orientation and then return to their respective counties for the following four weeks. This division of time will mean that instead of a three-months consecutive training period, the course will extend over a period of six months. The second phase of the training for the current group will be given in January of 1955.

Because of the smaller number of persons on the training staff at the Center during 1954 it was necessary to requisition the services of State Board of Health personnel and out-of-state people to conduct the sanitation training program. However, we do feel the content and quality of the material offered was not drastically curtailed as a result of this handicap. It is still felt that the most inhibiting factor to greater participation on the part of the trainees in the training program by the counties is the fact the entire cost of the training must be carried by the local unit while at the same time the respective county is denied the services of the person being trained. Assistance to the counties in this direction would be a tremendous stimulus to greater employee participation in training.

The training program of the Center has been under the continuous direction of the Alachua County Health Department director. The philosophy and content of the courses offered have remained substantially the same, a base line having been established. Administrators from the counties represented by the trainees are encouraged to make suggestions for areas of emphasis (according to local needs) when the schedules indicating course content are developed. It is felt that only through a program of continuous training, retraining, and upgrading of personnel who operate our local health departments will we attain a worth-while standard of performance in the field of public health in Florida. In the units where the workers are inefficient and undertrained, even the best public health practices are likely to lose much of their effectiveness.

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BUREAU OF PREVENTABLE DISEASES

L. L. PARKS, M.D., M.P.H., Director

The Bureau of Preventable Diseases includes the Division of Cancer Control, Industrial Hygiene, Venereal Diseases, Veterinary Public Health, (including Milk Sanitation), and Communicable Diseases.

During 1954, this bureau was staffed with a Director, a Director of Industrial Hygiene, Director of Venereal Diseases (who was also Associate Director of the Bureau), Director of Veterinary Public Health, secretarial staff, four field representatives who devote most of their time to venereal diseases, and one field representative who devotes his full time to milk sanitation. Dr. William A. Walter, the Associate Director, was recalled by the U. S. Public Health Service on December 31, 1954, for another assignment.

Carl P. Bernet, Jr., M.D., was on loan from the Communicable Disease Center in Atlanta, Georgia. He remained with the bureau through June of this year at which time he was recalled for another assignment. Dr. Bernet gave invaluable service to the department and followed up on the evaluation of gamma globulin given polio contacts during his assignment in Florida; he assisted in the control of communicable diseases through special assignments on disease investigations.

Florida's record in 1954, insofar as communicable diseases are concerned, shows progress in reducing those diseases that are due to faulty sanitation. There were 31 cases of typhoid fever reported during the year. There are 88 known typhoid carriers on record in Florida. This latter list has grown from year to year, but there has been a gradual drop in typhoid cases for the last several years. Bacillary dysentery showed a drop in comparison with previous years, and only 48 cases were reported. There was a slight increase in the number of cases of scarlet fever in comparison with the last two years. There was a marked increase in the number of cases of measles; 10,766 cases were reported and it is known that this disease is one that is greatly under-reported. The availability of gamma globulin for the control of measles stimulated reporting on this disease in 1954. There was a drop in the number of cases of German Measles for the year as only 126 cases were reported.

There were very few cases of influenza reported. It was a good year insofar as this disease is concerned, although we are aware of the fact that a number of cases of so-called "virus" infections did appear rather widely over the state during December. Malaria was reported to have occurred in 11 individuals for the year, and these cases were among individuals that had been in foreign countries.

The number of cases of venereal diseases occurring remains almost the same as it was for the year 1953; 6894 cases of syphilis were reported. It is encouraging to note, however, that the number of cases of primary and secondary syphilis dropped to 396 in 1954 from 585 cases in 1953,

a reduction of 32 per cent. A number of cases of syphilis reported were old cases and were located through the rather intensive blood surveys that were made during the year in a special effort to locate hidden cases of this disease. There were 11,841 cases of gonorrhea, a slight increase over last year's record, or about the same number as were reported for 1952.

The progress in the control of diphtheria, whooping cough and tetanus was not what it should have been. There was an increase in number of cases of whooping cough reported as compared with the previous two years, and the same is true of tetanus. Diptheria showed a slight increase over 1952 but a slight decrease from 1953. The above diseases could be practically eliminated through immunization. During 1954, the county health departments completed 76,469 diphtheria immunizations, 61,511 whooping cough, and 94,236 tetanus. This is about the same number as was completed during 1953. There was an increase of 5,000 smallpox vaccinations done, making a total of 61,099.

There were two cases of Hansen's Disease reported during the year which is about the usual number. These cases were hospitalized at Carville, La.

One case of psittacosis was reported in West Florida; though questionable, it was officially accepted as a case.

It is noted that two cases of Rocky Mountain Spotted Fever occurred during the year.

The year 1954 will go on record as being Florida's worst year insofar as poliomyelitis is concerned. A total of 1,777 cases were reported. Considerable effort and time was used in the control of poliomyelitis through the use of gamma globulin. Gamma globulin was made available through the National Office of Defense Mobilization and was supplied to them by the National Foundation for Infantile Paralysis and the American Red Cross. It is estimated that the gamma globulin used in Florida in 1954 would have cost approximately $2,100,000, according to current price. Gamma globulin was distributed according to the recommendations of the NODM through the State Board of Health and the county health departments. A mass immunization program was conducted in Monroe County where approximately 8,500 individuals in the age group selected for this biological received it. Approximately 2,000 people in Fort Lauderdale received the gamma globulin in the mass immunization program there, and approximately 20,000 received it in Leon County.

All known control measures were instituted in the various communities to control this disease; however, it is doubtful that the procedures instituted were very effective. Faith and hope are being placed upon the new poliomyelitis vaccine which was used with the second grade students in Palm Beach and Broward Counties as well as in many other counties throughout the United States. The effectiveness of this vaccine has not yet been determined.

An epidemic, which was described as poliomyelitis, occurred in Tallahassee during September and October in which the patients had muscle weakness, low grade temperature, nausea, stiffness of the neck, and a general depressed feeling. It was somewhat atypical compared with the usual symptoms of this disease: it occurred almost entirely in the age group 20-45: more cases occurred in white women than men, and very few cases among the nonwhite population there. A number of well known consultants from out of state were called in to assist in this epidemic. Gamma globulin was made readily available but its effectiveness was not determined.

Gamma globulin was taken off the market because of its limited supply in the spring of 1953; however, it was placed back on the market on October 1, 1954.

There was an increase in rabies among non-domestic animals; however, no human cases were reported.

Table 16 shows the total number of cases of reportable diseases that occurred during the year by counties. In general, it is believed that through increased efforts towards more immunizations and the improvement of sanitation practices we can expect further reduction in communicable diseases in Florida.

Technical articles by staff members include:

Parks, L. L., Problems in Poliomyelitis. J. Fla Med. Assn. 41:370-372. Nov. 1954.

TABLE 16

TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1954, AND STATE TOTALS FOR 1952 AND 1953

County	Brucellosis	Cancer	Chancroid	Chicken Pox	Conjunctivitis	Diarrhea of the Newborn (Epi.)	Diphtheria	Dysentery, Ameb.	Dysentery, Bac.	Encephalitis, Epi.	Erysipelas	Food Poisoning	German Measles	Gonorrhea	Granuloma Ing.
State 1952	10	5,333	462	1,261	72	143	82	161	235	12	13	82	304	11,809	233
State 1953	10	5,717	328	1,900	145	96	114	177	58	9	22	42	305	11,459	109
State 1954	9	5,640	344	2,144	179	106	114	102	48	13	20	53	126	11,841	71
Alachua		69	6	6		1	1	2					1	869	3
Baker		8		12										2	
Bay		54	2	25	2		4	6	6	1	1		10	167	
Bradford		20	1	25										42	3
Brevard		56	2	34	7			1	1				3	99	
Broward		200	24	61	1	1	1	2	1				3	207	2
Calhoun		14			1	1			2				1	1	
Charlotte		8		1				2						10	
Citrus		19	1											2	
Clay		23		1			3		3					12	
Collier		12		20	1				2				1	37	
Columbia		37		1		1	1			1				45	
Dade		1,079	110	548	9	82	2	33	4	2	6	10	36	2,018	10
DeSoto		23		8			8	1					1	7	1
Dixie		7												3	
Duval	1	460	43	118	2	3	12	5	5	1	2	5	3	1,858	17
Escambia		129	30	92	13	2	3	6	2		2	5	7	1,017	5
Flagler		4												6	2
Franklin		18		3										37	
Gadsden	1	40		27			5	2				8		270	
Gilchrist		2													
Glades		1						1						4	
Gulf		14		1			2							5	
Hamilton		7	1											31	
Hardee	1	8	2				2	11						6	
Hendry		8					1							11	
Hernando		15													
Highlands		29		5	5			1	1			2		163	
Hillsborough	1	513	45	232	5	5	10	3	1	1	2	1	7	1,263	1
Holmes		14		8	1									1	
Indian River		21		1			1	2						20	
Jackson	1	52		3		1		1						137	
Jefferson		14										4		26	
Lafayette		5		1										1	
Lake		67		108	3		10	3			1		4	49	
Lee		62	10	11			5	4				1		78	2
Leon		77	6	59	5			2	3		1		4	939	2
Levy	1	20							2					3	
Liberty		4		1	1				1					2	
Madison		16							1				2	60	1
Manatee		67	4	27				2	1		1	1	1	101	1
Marion		50	6	5										323	1
Martin		19		5										18	1
Monroe		57	1	33	11		1					2	8	72	
Nassau		20	1	9			3	1						18	
Okaloosa		31	9	12	3		4	1	3			6	11	270	
Okeechobee		7		4						1				13	
Orange		264	4	190		2	3	1		1		2	3	202	4
Osceola		34		4	1		4					2		50	
Palm Beach		227	16	64		1	2	3	4			2	3	528	8
Pasco		46		101	98					1			1	91	
Pinellas		642	4	71		3	3	2		2	1		3	275	2
Polk		202	7	68	2		15	3	1		3	1	4	196	2
Putnam		48	4	9					1					120	
St. Johns		55	2	12			1							46	
St. Lucie	1	48	2	5			2					1	3	50	2
Santa Rosa		31				1	2							9	
Sarasota	1	103	1							1				67	
Seminole		52		49	8		5			1			3	101	
Sumter		14		14		1			1					47	
Suwannee		30		5			1							92	
Taylor		26											1		
Union		4				1								10	
Volusia		284		22			1	1	2				2	68	1
Wakulla		10		15										22	
Walton		27												40	
Washington	1	13		8			1							19	

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Charlotte		8		1				2						10	
Citrus		19	1											2	
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Lee		62	10	11			5	4				1		78	2
Leon		77	6	59	5			2	3		1		4	939	2
Levy	1	20							2					3	
Liberty		4		1	1				1					2	
Madison		16							1				2	60	1
Manatee		67	4	27				2	1		1	1	1	101	1
Marion		50	6	5										323	1
Martin		19		5										13	1
Monroe		57	1	33	11		1					2	8	72	
Nassau		20	1	9			3	1						13	
Okaloosa		31	9	12	3		4	1	3			6	11	270	
Okeechobee		7		4						1				13	
Orange		264	4	190		2	3	1		1		2	3	202	4
Osceola		34		4	1		4					2		50	
Palm Beach		227	16	64		1	2	3	4			2	3	528	8
Pasco		46		101	98					1			1	91	
Pinellas		642	4	71		3	3	2		2	1		3	275	2
Polk		202	7	68	2		15	3	1		3	1	4	196	2
Putnam		48	4	9					1					120	
St. Johns		55	2	12			1							46	
St. Lucie	1	48	2	5			2					1	3	50	2
Santa Rosa		31				1	2							9	
Sarasota	1	103	1							1				67	
Seminole		52		49	8		5			1			3	101	
Sumter		14		14		1			1					47	
Suwannee		30		5			1							92	
Taylor		26											1		
Union		4				1								10	
Volusia		284		22			1	1	2				2	68	1
Wakulla		10		15										22	
Walton		27												40	
Washington	1	13		8			1							19	

TABLE 16 (continued)
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1954, AND STATE TOTALS FOR 1952 AND 1953

County	Hansens Disease	Hookworm	Infectious Hepatitis	Influenza	Leptospirosis	Lymphopathia. Ven.	Malaria	Measles	Meningitis, Epi.	Mumps	Ophthalmia Neo.	Paratyphoid	Pneumonia	Poliomyelitis
State 1952	2	6,611	236	218	0	120	50	4,072	88	1,985	20	10	707	663
State 1953	1	4,206	301	1,406	1	96	19	1,316	102	1,112	7	15	959	733
State 1954	2	4,772	303	279	1	55	11	10,766	96	1,516	17	9	747	1,777
Alachua		201	52			3		26	4	7				11
Baker		83						30					1	
Bay		446					1	77	1	11				54
Bradford		75				1		16		57			2	1
Brevard		30	1	7		1		317		39			4	18
Broward		2	2	1		11	2	479	2	50	2		6	95
Calhoun		197	3	2						1			1	3
Charlotte		44						3		1				1
Citrus		34		1						1				
Clay		5		1				14	2	5				9
Collier		28		1				32		3		1	5	4
Columbia			2	1						1				2
Dade		4	52	117		11		2,998	5	453	3		361	283
Desoto		172						86	1	15				4
Dixie									1					
Duval		114	10	4		8		837	18	42	4		20	133
Escambia	1	25	48	21			1	818	16	32	2	1	64	36
Flagler		5	2					33						2
Franklin		149	5					7		2				
Gadsden		61	2					55	1	25				15
Gilchrist														
Glades		19						35						2
Gulf		8						6						3
Hamilton														2
Hardee		270				1	1	6		2			3	2
Hendry		9						53						4
Hernando														1
Highlands		42	13	1		1		246		16	1		9	1
Hillsborough		110	30	16	1	3	4	724	10	69	4		152	117
Holmes		3						4	1	9				11
Indian River		26	1					4		18				3
Jackson		195	1					61	1	3			5	17
Jefferson		24					1	8		1			5	14
Lafayette														
Lake		204		6				125	3	29			2	3
Lee	1	79		2				189		3		1		16
Leon		407	32	10		2		205	1	83			27	408
Levy		60		5										
Liberty		105						22	1	72				4
Madison		91	1					1						5
Manatee		102		24				52	2	8			11	17
Marion		1				2		32	2	2				2
Martin		4				1		44		6				4
Monroe				3				109	2	83			3	39
Nassau								37	2	1				6
Okaloosa		69		23		1		58	1	34			9	14
Okeechobee		9	3					55		5				1
Orange		73	8					367		52		1		69
Osceola		40	4					102		1				3
Palm Beach		20	6	5		7		145	2	81				63
Pasco		131		1				25		34			1	8
Pinellas		155	1				1	1,150	1	58	1	1	1	78
Polk		37	18	7				471	11	23		3	43	70
Putnam		5						37				1		5
St. Johns								4	1	1			1	3
St. Lucie		3						15		13			3	14
Santa Rosa		157	1	2				3		3			1	5
Sarasota		7						104		1				22
Seminole		8	2	2				170		15			2	7
Sumter		308	1	7				53		6			2	
Suwannee			1	2				11		1				4
Taylor		33							1					5
Union		16						1		1				
Volusia		61		1		2		131	3	27				35
Wakulla		109	1	6				43		1			3	7
Walton		44												12
Washington		53						30		14				5

TABLE 16 (continued)
TOTALS OF REPORTED CASES OF NOTIFIABLE DISEASES, BY COUNTIES, FLORIDA, 1954, AND STATE TOTALS FOR 1952 AND 1953

County	Psittacosis	Rabies, Animal	Ringworm of the Scalp	Rocky Mtn. Spotted Fever	Salmonella	Scarlet Fever	Streptococcal Infection	Syphilis	Tetanus	Tuberculosis	Tularemia	Typhoid Fever	Typhus Fever	Vincent's Ang.	Whooping Cough
State 1952	0	20	50	2	68	412	48	10,824	46	2,603	18	36	11	75	291
State 1953	0	58	103	0	76	497	95	6,722	44	2,424	7	41	10	83	209
State 1954	1	84	196	2	54	571	61	6,894	59	2,461	3	31	5	76	339
Alachua					1	1	1	98	2	54					2
Baker								10		1					
Bay		3	21			9		42	1	20				1	1
Bradford			2					8		12					1
Brevard						6		98		26				1	5
Broward		3			3	7		362	1	116					3
Calhoun		4						2		6		2	1		
Charlotte					2			5		4					
Citrus		1						2	2	2					1
Clay								17		3					
Collier		1			2			36	1	3					8
Columbia								47		14					
Dade			36		1	73	40	1,259	10	406		1		12	31
DeSoto					1			38	1	15		1		2	3
Dixie							1	6		6					
Duval		5	1	1	10	58	5	2,006	5	251				2	9
Escambia			9	1		15		160	5	94		2		11	18
Flagler						6		10							
Franklin					1			9		2					
Gadsden		2						141		59					
Gilchrist															
Glades								2		1					
Gulf								7		3					
Hamilton								19		5				1	2
Hardee			2		1	3		20		10					
Hendry		1						11		2					9
Hernando		1				1		12		7					
Highlands		1			1	5	2	44		11				6	9
Hillsborough		3	1		11	135	1	355	4	195	1	1		6	73
Holmes		2						6		5					
Indian River								21		10		1		2	
Jackson		22			1		3	31	1	30	1	4	2		1
Jefferson						4		17	1	1					
Lafayette								2		3					
Lake					2	4	1	93	1	22				1	40
Lee		4	1		2	8	1	107		21		1			1
Leon			12		1	17	1	100		49	1			10	5
Levy		2			1			11		9					
Liberty		1				1		4							
Madison								35		7				1	
Manatee						2		68	2	37		1		3	4
Marion		1				5		119	2	28					
Martin					4	7		21		10					1
Monroe			17			4		43	1	21				3	11
Nassau		2				1		23		11					2
Okaloosa	1	1	1		1	4		31		14					2
Okeechobee								4		4					
Orange		4			2	18		186		96		1			2
Osceola		1	3			6	1	16		12		1		2	4
Palm Beach			4		1	24		279	4	95		3			20
Pasco		3	9			19		23	1	13				1	11
Pinellas			15		2	25	1	181	5	271		3			22
Polk		4			1	50		132	3	106		5		2	21
Putnam		2			1	2		54		19		1			
St. Johns						3		31	1	23					
St. Lucie					1	1		32		13					
Santa Rosa						2		2	1	8		1			
Sarasota						10		55	1	50		1			
Seminole						19		90		16				2	3
Sumter								17						2	
Suwannee		1	1			3	2	17		8				7	1
Taylor								22	1	3					4
Union			4					31		26					
Volusia		1	57			13	1	152	2	69		1			9
Wakulla								1		5					
Walton		1						9		11					
Washington		7						2		7					

VENEREAL DISEASE CONTROL

WILLIAM A. WALTER, M.D., M.P.H., Director

One very real barrier standing in the way of a successful venereal disease control program today is indifference. The feeling that this is a problem for "the people across the tracks" is a definite stumbling block to progress; that and the premature optimism which rises faster than the disease incidence falls. This apathy is evident not only in the lay public but to some degree in public health and professional personnel. In-service and professional level stimulation is a vital need. Any problem that costs the money and causes the misery of venereal disease must be reckoned with by "all of the people — all of the time." Venereal diseases cannot be ignored into a state of non-existence.

The educational phase of veneral disease control was never more important, both familiarizing the general public with the facts about VD, and acquainting the private physicians with our desire to assist them with any and all of the services, particularly those of interviewing and investigation in an effort to locate infectious persons who otherwise would remain undetected. Films continued to play a part in our educational program with 311 showings to 22,000 people.

Our funds have not been less in several years nor have personnel activities been so thinly spread. Although the incidence of venereal disease has also declined in the past few years, our control program is reaching that point of "irreduceable minimum" much sooner than the diseases.

In 1954 there were 6,894 cases of syphilis reported which is an increase of 2.5 per cent over 1953. A small increase, but its significance must not be overlooked. In 1954 there were 11,841 cases of gonorrhea reported which is an increase of 3.3 per cent over 1953. These slight increases can always be explained by pointing out that during 1954 blood testing surveys were conducted in 14 counties which included two major cities. This intensified effort resulted in the location and treatment of several thousand infected people; and these same surveys disclosed the fact that one out of every ten people tested was a positive reactor. With percentages such as these holding true, we are in no position to congratulate ourselves on winning the war against venereal disease. The actual case rate was lower in 1954 than in 1953 due to the population increase for the state. Tables 17 and 18 are self-explanatory.

In the rural area, surveys by a team of two with the assistance of local health department personnel accounted for 13,000 tests between January and June. Rural surveying was discontinued at the end of June due to lack of funds.

Special project funds were made available, late in the year, for rural-urban bloodtesting surveys in Dade and Duval Counties. These surveys ran for eighteen weeks and resulted in 45,000 tests.

One of the many needs that can be ascertained from these surveys is that of establishing the serologic test for syphilis as a routine part of examinations made by practicing physicians. The majority of positive reactors disclosed by the surveys were from people who "more or less" regularly visited a physician.

A beginning was made in an effort to strengthen relations between health departments and private physicians by supplying trained interviewer-investigators whenever requested to interview infectious patients of private physicians for their contacts. This activity takes on added importance when we note that in 1954 the reporting of early infectious cases by private physicians dropped to 41 per cent from the 1953 level of 51 per cent. This decline may only be in the reporting and not in the actual number of cases. The interviewer-investigators working with the physicians should stimulate the reporting of all venereal disease cases and improve our epidemiologic index of early infectious syphilis. It is through this approach that the eventual control of these diseases may be accomplished.

On June 30, the Prevention and Control Centers ceased operation as such, and control was returned to the county health departments. However, the clinics formerly operating as centers continued to offer diagnostic services to surrounding counties.

A venereal disease exhibit was shown at the "Health Fair" in Miami and its "message" reached approximately 15,000 who viewed it.

TABLE 17

SYPHILIS CASES REPORTED BY STAGE OF INFECTION AND RACE, AND RESULTS OF DIAGNOSTIC OBSERVATIONS FOR VENEREAL DISEASES FLORIDA, 1948 — 1954

YEAR	SYPHILIS CASES REPORTED									V. D. DIAGNOSTIC OBSERVATIONS		
	BY STAGE						BY RACE					
	TOTAL	Primary	Secondary	Early Latent	Late	Congenital	White	Colored	Unknown	Number Completed	Number Infected	Per Cent Infected
1954	6,894	268	180	1,786	4,366	294	1,469	5,300	125	171,206	17,112	10.0
1953	6,722	309	276	2,245	3,648	244	1,706	4,894	122	163,181	15,628	9.6
1952	10,824	392	393	3,870	5,730	439	2,347	8,284	193	132,360	13,967	10.2
1951	9,445	550	561	3,188	4,711	435	2,335	6,914	196	163,054	18,070	11.1
1950	10,784	769	741	3,997	4,833	444	2,750	8,034	*	159,666	28,992	18.2
1949	12,405	1,077	1,297	4,817	4,731	483	2,857	9,548	*	156,894	38,126	24.4
1948	15,395	1,990	2,857	5,178	4,844	615	3,344	12,140	*	137,998	35,556	25.8

* Included in White.

TABLE 18

TOTAL NUMBER OF SYPHILIS CASES REPORTED BY STAGE OF INFECTION, PREGNANCY STATUS, RACE AND SEX, SOURCE OF REPORT, BY COUNTIES, FLORIDA, 1954

COUNTY	Total	STAGE OF INFECTION					Pregnancy	RACE AND SEX					SOURCE OF REPORT		
								WHITE		COLORED					
		Primary	Secondary	Early Latent	Late & Late Latent	Congenital		Male	Female	Male	Female	Unknown	Clinic	Pvt. M.D.	Other
STATE	6,894	268	180	1,786	4,366	294	234	794	675	2,540	2,760	125	3,679	2,836	379
Alachua	98	2	4	21	65	6	7	4	6	35	49	4	75	14	9
Baker	10			5	5		2		1	2	7		3	6	1
Bay	42	6	3	11	20	2	1	3	7	16	16		28	9	5
Bradford	8	1		1	6					6	2		4	2	2
Brevard	98	6	1	29	62		3	12	6	48	35	2	56	36	6
Broward	362	26	12	147	165	12	21	42	35	131	147	7	159	201	2
Calhoun	2			1	1					1	1		2		
Charlotte	5			2	1	2			1	1	3		2	2	1
Citrus	2				2			1	1					2	
Clay	17	1		2	13	1	1	2	1	5	8	1	9	6	2
Collier	36	1	5	11	19		6		5	10	21		20	16	
Columbia	47			11	34	2	6	7	7	16	17		19	17	11
Dade	1,259	65	48	349	761	36	34	235	192	396	386	50	497	722	40
DeSoto	38			10	25	3	1	12	5	9	10	2	8	15	15
Dixie	6	1		1	4			1	1	1	3		3	2	1
Duval	2,006	23	20	344	1,519	100	19	97	69	813	1,014	13	1,357	606	43
Escambia	160	19	5	40	87	9	11	18	21	48	72	1	128	27	5
Flagler	10			8	7			1		3	6		5	4	1
Franklin	9	1		3	5			2	1	4	2		6	1	2
Gadsden	27	1	2	7	13	4	1		2	8	17		16	11	
State Hospital	114	1		23	87	3		19	16	53	26				114
Glades	2				2				1	1				2	
Gulf	7			1	5	1		1	1	1	4		2	4	1
Hamilton	19	2		5	12		2	2	1	4	12		11	7	1
Hardee	20			6	10	4	1		2	12	6		15	5	
Hendry	11			1	10		1	2	2	2	5		5	6	
Hernando	12	2	1	5	4		2	2		4	5	1	3	9	
Highlands	44	4	1	15	24		5	3	2	20	19		14	30	
Hillsborough	355	17	5	119	208	6	12	69	60	112	111	3	207	131	17
Holmes	6	1		2	3		2	1	1	2	2		5	1	
Indian River	21			9	11	1		1	1	6	13		5	13	3
Jackson	31	2		11	14	4	4	1	6	11	12	1	24	5	2
Jefferson	17			6	9	2	1	1	1	5	10		15	1	1
Lafayette	2			1	1		1		1	1				1	1
Lake	93	10	1	30	51	1	4	7	9	36	39	2	23	67	3
Lee	107	1	3	48	53	2	1	4	6	52	45		92	14	1
Leon	97	1		16	69	11	1	3	2	49	40	3	81	8	8
Federal Prison	3				3			1		1	1		1		2
Levy	11	2	2	2	5			1	2	6	2		7	3	1
Liberty	4				4			4					1		3
Madison	35	1	2	6	24	2	3	2	2	17	14		20	10	5
Manatee	68	2		32	30	4	4	3	6	32	21	6	48	19	1
Marion	119	1	4	17	70	27	2	10		50	58	1	82	34	3
Martin	21		1	12	8			3	2	10	5	1	15	6	
Monroe	43	7		11	25		1	7	6	17	13		26	15	2
Nassau	23	1		7	14	1		3	1	7	12		11	8	4
Okaloosa	31	13	2	1	15		2	7	5	12	6	1	11	9	11
Okeechobee	4		1	1	2		1			3	1		2	2	
Orange	186	4	10	56	109	7	12	28	37	52	59	10	69	112	5
Osceola	16			8	8				2	8	6		12	2	2
Palm Beach	279	12	8	95	146	18	11	24	22	127	101	5	163	116	
Pasco	23		2	8	13		1	4	8	6	5		12	10	1
Pinellas	181	8	15	28	127	3	9	53	40	43	41	4	77	102	2
Polk	132	3	4	49	75	1	5	15	19	49	45	4	39	89	4
Putnam	54	1	2	6	45		2	16	7	8	23		3	46	5
St. Johns	31		1	7	23		2	2	1	14	14		15	12	4
St. Lucie	32	3		9	18	2	2	2	6	9	15		14	18	
Santa Rosa	2			1	1			2					1	1	
Sarasota	55	4	1	25	22	3	4	5	8	17	24	1	31	24	
Seminole	90	3	5	34	43	5	7	9	5	30	46		15	73	2
Sumter	17			8	9		2	1	1	9	6		6	9	2
Suwannee	17	1	1	4	8	3	3		3	7	6	1	2	12	3
Taylor	22			4	16	2	1		1	6	15		19	3	
Union	6			2	3	1				5	1		5		1
State Prison	25			6	19			6		19			18		7
Volusia	152	8	6	50	85	3	10	29	14	55	53	1	44	98	10
Wakulla	1			1							1		1		
Walton	9		2		7			3	3	2	1		9		
Washington	2				2			1	1				1		1

CANCER CONTROL

L. L. PARKS, M.D., M.P.H., Acting Director

The cancer program continued to have two objectives: education on the importance of early diagnosis of cancer, and service to the patient. Cancer continues to be the second leading cause of death. The number of cases reported for the year was less than it was for 1953: however, more cases were reported than in 1952. It is believed that cancer is on the increase, and we know that it is poorly reported. Therefore, the number of cases reported, according to our records, is far from being a true picture. Undoubtedly, cancer is being diagnosed more readily; more people are living to an older age. Because of these two facts it is anticipated that cancer will continue to be a major cause of death until some means of making an earlier diagnosis or treating it more effectively is discovered.

The small budget available for the cancer program has necessitated the limiting of the cancer services to early indigent cases. The budget restriction has limited the program to those patients in which x-ray, radium or surgery was indicated. Certain types of cancer patients have been assisted through arrangements with the Oak Ridge Institute of Nuclear Studies in Oak Ridge, Tennessee. Thirteen applications were sent to this institution during the year and eight were admitted for treatment. These patients were treated with isotopes.

Tumor clinics were in operation in the following cities during the year: Pensacola, Tallahassee, Gainesville, Jacksonville (Duval Medical Center), Daytona Beach, Orlando, Tampa, St. Petersburg, West Palm Beach, Miami Beach (St. Francis Hospital), Jacksonville (St. Vincent's Hospital), Lakeland, Bradenton, Sarasota, Ft. Lauderdale, Miami Beach (Mt. Sinai) and Ocala. The tumor clinics in the first eleven cities just listed had the approval of the American College of Surgeons for the year. A representative of the above organization did not have the opportunity of inspecting the other tumor clinics listed; however, the clinics did have the approval of the Florida Cancer Council. One new tumor clinic was organized during the year: Mt. Sinai Hospital, Miami Beach. Plans for the operation of a tumor clinic at Panama City have been approved by the Florida Cancer Council, but its organization was not completed during the year.

When the cancer program was begun in 1947, through funds made available by the state legislature, it seemed desirable to establish certain requirements for the operation of tumor clinics. Since the American College of Surgeons had already established standards for such clinics the State Board of Health adopted these criteria.

Patients are eligible for services in the tumor clinic provided they are first seen by a physician and an application for assistance is made. Information as to finances is obtained from the patient, and approval

of the local health department or local welfare agency is required. He is then referred to the nearest tumor clinic where he is seen at an appointed time. In each of the tumor clinics there is a full-time or part-time secretary. If the tumor clinic physician prescribes certain diagnostic studies, such as laboratory tests or x-ray examinations, these facilities are available at the tumor clinics. If the patient is in need of hospitalization, this service is provided through State Board of Health funds.

The medical services at the tumor clinics are provided by the local physicians. These physicians are not paid any fees for their services to patients coming under this program. The tumor clinics are financed from funds made available through the State Board of Health and from the American Cancer Society, Florida Division. The hospital where the clinic is located provides space and other incidental expenses. The director of this program in the State Board of Health serves on the Executive Committee of the State Cancer Society, and budgets are prepared so that Cancer Society funds and State Board of Health funds complement each other to the best advantage. Normally, the Cancer Society finances expenditures for supplies, dressings, stationery, postage, phone services and records, and, in some clinics, the salary of the secretary of the tumor clinic. On the other hand, the State Board of Health pays the hospital or tumor clinic a minimum fee for laboratory and diagnostic x-ray services, secretarial assistance and for the patient's stay in the hospital.

Any hospital in the state that has the approval of the American College of Surgeons may accept state aid cancer patients provided the hospital submits a per diem cost statement on the prescribed form. The State Board of Health raised its maximum to $17.00 per day to the hospitals that accept these patients. This per diem covers all services while the patient is in the hospital, such as room, meals, operating room fee, drugs, dressings and nursing care. Twenty-seven hospitals accepted patients under this program during the year. Patients that are sent to Oak Ridge, Tennessee, for treatment with the isotopes must be provided transportation by some individual or agency other than the state. In a few cases it has been provided by the Cancer Society. There is no charge for hospitalization of cases treated at Oak Ridge.

Those patients requiring x-ray treatment have created a problem in some communities where there are no local facilities. The problem of care for the terminal indigent patient is still unsolved in most communities. Funds under this program are not sufficient to cover this type of service.

When the cancer program was started in 1947 it was anticipated that the appropriation was not sufficient to take over the existing cancer diagnostic and treatment facilities already in operation in the state, and this is still true. Therefore, Dade and Duval County, and the City of Tampa, have continued to take care of their own cancer patients. Some assistance has been rendered these three areas through the state program when the budget would permit it. It is hoped that sufficient

funds will be made available in the future to provide the same services to all areas of the state.

In the field of education the activities of the State Board of Health have been coordinated with other educational activities of the State Board of Health, primarily in providing films on cancer subjects through its film library to lay groups as well as special films for physicians. The educational activities have also been closely integrated with that of the Cancer Society. Representatives of the State Board of Health have appeared on numerous programs conducted by the Cancer Society throughout the state. The purpose of each was to bring to the attention of the public the necessity of early diagnosis and treatment of cancer.

A three-day seminar for physicians was conducted in Miami immediately following the American Medical Association Clinic Session in December. Outstanding physicians were on this program, and the subjects covered were most informative to those in attendance.

The Florida Cancer Council had only one official meeting during the year; however, a number of matters were referred by mail to this Council for their advice. The Council consists of two physicians from the Cancer Committee of the State Medical Society, two from the State Cancer Society, one from the American College of Surgeons, and two from the State Board of Health. The purpose of this council is to coordinate and advise in all phases of the cancer program that is in operation by the State Board of Health as well as that of the Medical Society and the Cancer Society. One of the aims of the Florida Cancer Council this year was to stress the importance of examining the chest for early cancer, and to place more emphasis on the mass chest x-ray program in operation by the State Board of Health and the Florida Tuberculosis and Health Association.

Some attention has been given to the matter of unethical treatment of cancer cases. Unfortunately, there are a few unscrupulous individuals who take advantage of cancer patients, or others that do not have cancer, if they can make money at it.

A total of 1588 persons were approved for state aid during 1954. This is slightly less than the number of new cases approved during each of the past few years, but it is felt this decrease was due to the shortage of funds which occurred during the latter part of 1953. At that time it was necessary to discontinue the payment of fees for x-ray therapy, and, consequently, many of those cases for whom x-ray therapy was the only means of treatment were not processed through the state aid program. This is reflected in Table 23, both in the number of persons receiving financial aid and in the amount of money spent for treatment.

A total of 1864 follow-up requests were mailed to the tumor clinics and health departments during the year in an attempt to encourage early diagnosis and annual clinic visits. As a result, the number of

patients with diagnosis unknown at the end of 1954 is 23 per cent lower than for the previous year, and fewer patients were lost to follow-up.

Table 21 shows that although the majority of patients lost to follow-up are lost during the first year, this number has diminished, and currently the per cent of patients lost during the first year is less than half what it was in 1947.

The proportion of cases diagnosed as malignant continues to decrease, dropping from 79.5 per cent in 1947 to 48.3 per cent in 1954. Distribution of cases according to site remains much the same. Over one-half of the white males had skin cancer, with the buccal cavity being the second in line of incidence. For both white and colored females the major site of cancer was the genital organs. The digestive system was the major site of cancer in colored males, with genital organs second.

Of those cases entering the state aid program during 1946, 1947, and 1948, 356 cases (40 per cent) of the 886 followed were still living at the end of five years. Of those surviving, 248 were reported to have no indications of cancer; this is about 28 per cent of those cases followed. Sixty-six cases had been lost to follow-up, and 464 cases died, 388 with cancer.

Twenty-five per cent of the persons followed died during the first year after they entered the state aid program. Another 26 per cent died during the next four years, leaving 49 per cent of those followed-up alive at the end of five years. (See Table 22.) Data according to site, after five years experience, ranges from 11 per cent survivors with cancer of the respiratory system to 45 per cent with cancer of the female genital organs and 73 per cent with skin cancer.

TABLE 19

DISTRIBUTION BY DIAGNOSTIC STATUS, RACE AND SEX OF PERSONS APPROVED FOR STATE AID UNDER THE FLORIDA CANCER PROGRAM DURING THE YEAR 1947* — 1954

RACE, SEX, AND YEAR	DIAGNOSTIC STATUS — NUMBER OF PERSONS					DIAGNOSTIC STATUS — PERCENTAGE DISTRIBUTION				
	Number Approved	Cancer	Precancerous	Non-Malignant	Unknown	Number Approved	Cancer	Precancerous	Non-Malignant	Unknown
Total Persons	10,851	5,961	39	3,796	1,055	100.	54.9	0.4	35.0	9.7
1947*	205	163		37	5	100.	79.5		18.0	2.4
1948	1,353	823	3	410	117	100.	60.8	0.2	30.3	8.6
1949	1,059	645	2	331	81	100.	60.9	0.2	31.3	7.6
1950	1,686	928	5	610	143	100.	55.0	0.3	36.1	8.5
1951	1,638	929	5	577	127	100.	56.7	0.3	35.2	7.8
1952	1,679	867	8	618	186	100.	51.6	0.5	36.8	11.1
1953	1,643	839	14	629	161	100.	51.0	0.9	38.2	9.8
1954	1,588	767	2	584	235	100.	48.3	0.1	36.8	14.8
White Male	3,412	2,165	17	913	317	100.	63 5	0.5	26.8	9.2
White Female	4,749	2,489	19	1,838	403	100.	52.4	0.4	38.7	8.5
Colored Male	835	398	1	310	126	100.	47.7	0.1	37.1	15.0
Colored Female	1,855	909	2	735	209	100.	49.0	0.1	39.6	11.3

* 1947 total includes 7 persons approved for State Aid in November and December, 1946.

TABLE 20

DISTRIBUTION ACCORDING TO SITE, RACE AND SEX OF CANCER CASES ADMITTED TO THE FLORIDA STATE AID CANCER PROGRAM DURING THE YEARS 1947* — 1954

SITE	NUMBER OF PERSONS				PERCENTAGE DISTRIBUTION			
	W M	W F	C M	C F	W M	W F	C M	C F
Total	2,165	2,489	398	909	100.	100.	100.	100.
Buccal Cavity	250	79	44	29	11.5	3.1	11.0	3.2
Digestive System	202	146	122	60	9.3	5.8	30.6	6.6
Respiratory System	193	48	46	13	8.9	1.9	11.6	1.4
Breast	4	365	5	211	0.2	14.6	1.3	23.2
Femal Genital		870		489		35.0		53.7
Male Genital	68		76		3.1		19.1	
Urinary System	78	35	25	20	3.6	1.4	6.3	2.2
Skin	1,239	824	30	30	57.2	33.1	7.5	3.3
Other Sites	95	92	33	38	4.4	3.7	8.3	4.2
Lymph. and Haem. Tissues	36	30	17	19	1.7	1.2	4.3	2.1

* Includes 6 persons approved for State Aid in November and December, 1946.

TABLE 21

NUMBER AND PERCENTAGE OF CANCER CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP ACCORDING TO CALENDAR YEAR OF ENTRY TO PROGRAM

Calendar Year	Cases Entering Program During Calendar Year	CUMULATIVE CASES UNTRACED AFTER EACH YEAR OF FOLLOW-UP									
		Number					Percentage				
		1st year	2nd year	3rd year	4th year	5th year	1st year	2nd year	3rd year	4th year	5th year
1947*	149	7	8	8	8	8	4.7	5.4	5.4	5.4	5.4
1948	737	27	37	47	56	58	3.7	5.0	6.4	7.6	7.9
1949	591	15	28	43	53		2.5	4.7	7.3	9.0	
1950	823	21	34	41			2.6	4.1	5.0		
1951	809	26	41				3.2	5.1			
1952	728	15					2.1				

Based on follow-up experience of 3837 cancer cases receiving monetary assistance during the year of admission under the Florida State Aid Cancer Program, 1947-1952. (Excludes those who refused treatment.)

* Includes 5 cases approved for State Aid in November and December, 1946.

TABLE 22

PER CENT OF CANCER PATIENTS SURVIVING AFTER EACH YEAR OF FOLLOW-UP, BY SITE

SITE	PER CENT SURVIVING AT				
	1 Year	2 Years	3 Years	4 Years	5 Years
Total	74.9	63.1	56.8	52.5	48.6
Bucal Cavity	70.2	57.4	50.8	43.6	36.7
Digestive System	37.1	24.6	18.3	14.4	13.1
Respiratory System	39.7	26.9	21.6	16.1	10.7
Breast	76.1	59.7	49.9	45.6	42.4
Female Genital	74.4	58.7	51.7	48.3	44.9
Skin	94.5	88.3	82.9	78.2	73.2
Other Sites (residual)	57.0	40.6	34.8	32.5	29.5

Based on follow-up experience of 3837 cancer cases receiving monetary assistance during the year of admission under the Florida State Aid Cancer Program, November 1946 through December 1952. (Excludes those refusing treatment.)

TABLE 23

NEW PERSONS APPROVED FOR STATE AID, NUMBER OF PERSONS RECEIVING FINANCIAL AID, AND EXPENDITURES, BY COUNTY, FLORIDA CANCER PROGRAM 1953 AND 1954

County	New Persons Approved		Persons Receiving Aid		Total Expenditures	
	1953	1954	1953	1954	1953	1954
State Total	1,643	1,588	1,723	1,395	$162,825.22	135,673.30
Alachua	34	19	30	22	2,278.65	2,871.49
Baker	9	10	11	8	717.76	682.00
Bay	28	28	38	20	3,391.50	2,028.00
Bradford	14	25	18	25	1,699.48	2,158.89
Brevard	14	12	6	11	418.70	1,665.45
Broward	16	32	31	24	4,273.31	1,928.65
Calhoun	22	31	21	23	1,703.75	1,108.42
Charlotte	3	5	9	3	927.58	174.22
Citrus	4	3	2	4	183.75	1,353.21
Clay	13	19	10	14	674.75	2,353.70
Collier	8	19	5	12	513.52	1,272.35
Columbia	22	26	19	18	1,846.48	1,842.72
Dade	36	50	50	42	4,208.75	2,837.50
DeSoto	25	26	20	12	2,245.72	1,217.18
Dixie	8	8	5	5	263.99	410.50
Duval	8	16	17	12	2,901.31	2,190.60
Escambia	137	102	127	64	11,168.00	5,447.95
Flagler	4	7	1	3	90.00	22.25
Franklin	23	19	20	9	1,686.74	282.50
Gadsden	16	38	20	29	1,572.89	2,361.59
Gilchrist	6	3	7	3	215.00	249.20
Glades	2	5	3	4	22.50	88.50
Gulf	21	10	14	14	2,478.20	2,004.19
Hamilton	9	15	9	12	1,583.40	1,758.50
Hardee	17	12	20	13	1,094.50	468.50
Hendry	14	11	3	3	323.00	159.00
Hernando	5	3	1	3	18.75	355.33
Highlands	19	18	19	16	1,055.70	1,072.35
Hillsborough	127	97	177	108	17,010.78	10,656.71
Holmes	30	27	38	20	2,402.94	1,451.25
Indian River	12	18	9	11	1,860.12	397.57
Jackson	51	48	52	39	3,622.57	3,262.90
Jefferson	13	11	18	13	1,251.40	1,470.72
Lafayette	10	6	6	6	916.92	682.60
Lake	20	22	8	10	1,784.00	1,212.50
Lee	15	27	15	18	958.98	2,119.76
Leon	62	49	56	51	3,890.84	3,208.02
Levy	10	6	7	7	1,137.44	507.95
Liberty	5	11	6	5	239.69	273.50
Madison	18	21	24	18	2,211.47	1,416.08
Manatee	19	33	20	22	2,115.51	3,073.95
Marion	16	12	10	19	1,135.25	1,940.36
Martin	15	11	9	7	648.63	808.25
Monroe	49	39	32	32	3,273.00	3,371.00
Nassau	13	23	11	15	653.68	367.47
Okaloosa	29	34	38	15	2,856.25	677.40
Okeechobee	4	5	2	4	90.75	163.25
Orange	21	28	27	35	5,468.30	5,348.35
Osceola	1	9	5	3	1,249.95	251.50
Palm Beach	50	46	70	65	6,058.55	6,180.00
Pasco	36	29	38	32	4,611.75	3,058.15
Pinellas	55	55	55	55	6,731.90	7,305.85
Polk	62	30	95	48	8,519.50	4,860.70
Putnam	40	48	27	46	4,215.06	4,686.22
St. Johns	9	16	11	14	1,958.37	3,108.64
St. Lucie	16	24	12	16	1,600.19	1,703.16
Santa Rosa	37	26	46	20	3,931.25	1,896.50
Sarasota	22	24	27	27	1,908.40	2,822.54
Seminole	25	24	6	21	1,746.00	3,519.86
Sumter	14	12	17	8	927.14	771.57
Suwannee	44	34	27	31	2,013.05	3,330.28
Taylor	16	24	21	18	1,041.87	1,247.89
Union	10	10	10	5	1,161.60	113.21
Volusia	51	34	61	50	5,644.76	3,848.67
Wakulla	14	18	51	11	787.27	598.03
Walton	24	19	35	13	2,870.25	668.00
Washington	41	16	49	29	3,267.16	2,369.50

DIVISION OF INDUSTRIAL HYGIENE

JOHN M. McDONALD, M.D., Director

LABORATORY

The Industrial Hygiene Laboratory made 729 tests on 584 samples received. Of these, 416 were collected by division personnel. Industrial physicians made greater use of the services available. Even with the necessarily reduced activities, a total of 280 samples were examined in response to requests from management, industrial physicians, and insurance carriers.

The long range program of periodic urine lead determinations was one of the most severely cut activities. Instead of the regular three or four visits to each of the lead processing plants as made in previous years, these visits were limited to two or three times this year. Another factor which interfered with the lead program was discontinuance of the rapid screening method for urine lead. This was brought about by the growing use of "versenate" as a preventive in lead poisoning. This material interferes with complete precipitation of lead from urine and thereby renders results of the rapid screening method unreliable. In an effort to overcome these handicaps, the blood lead program was stepped up. The local health officers cooperated by taking blood samples, and using special "lead-free" kits supplied by this office. The samples were mailed to this laboratory.

The laboratory also provided special services to the Bureau of Entomology and the Purchasing Department by assaying samples of DDT submitted in connection with supplying the expanded mosquito control program.

SPECIAL STUDIES

At the request of an industrial physician and with the consent of the local postmaster, a technical study was made of working conditions in a large post office garage. Urine lead as well as atmospheric lead samples were collected and examined. Recommendations were made for controlling contamination of the workroom air with lead fumes and dust produced incidental to repair of truck bodies.

Special control samples were examined for an industrial physician in connection with several suspected cases of lead poisoning. Samples were tested in providing for information for diagnosis and the course of treatment with "versenate" was then followed daily for extended periods up to a month or more.

COOPERATION WITH OTHER DIVISIONS AND AGENCIES

The division made an epidemiological study in collaboration with the Division of Veterinary Public Health. In the construction of a large

warehouse a number of plumbers contracted larva migrans. The origin of infection was not clear because the building site had been newly cleared of trees and brush and had not been exposed to the usual source of infection. On investigation, it was found that some cats and skunks had moved under the floor of the new building, thus establishing a focus of infection. Suitable preventive measures were recommended.

Also, at the request of the above division a study was made to determine the normal cholinesterase activity of certain varieties of monkeys. The results obtained were used as an aid to diagnosis of zoological specimens suspected of having been poisoned with an organic phosphate insecticide.

Assistance was given to the Jacksonville City Health Department on several occasions. One was concerned with a dust problem in an industrial area. Help was given in collecting and analyzing samples. Another problem was that of tracing an odor in a municipal building.

THE RED TIDE

Early in 1954 the "red tide" broke out again, this time centering around Venice. The area involved was not as large as in the outbreak of 1947, but the condition persisted for a much longer time and much larger amounts of the irritating aerosol were present.

Following the appearance of the "red tide," several people became ill from eating mussels that had been collected in nearby tidal waters. This combination of events is similar to what has frequently occurred on the Pacific Coast. It has been established there that the organisms causing the so-called "red water" produce a toxicity in mussels. The organisms in the "red tide" of the Gulf of Mexico and the "red water" of the Pacific Coast are similar. Because of these facts it was decided to attempt to isolate the toxin accompanying the "red tide."

Air samples of over 100,000 cubic feet were taken. About twenty gallons of sea water were passed through Sedgwick Rafter funnels and a similar amount was filtered through qualitative paper. Each of the residues was extracted, then separated into fractions on a chromatographic column. The various fractions were tested in white mice. None of the mice showed any toxic reactions. Further study had to be abandoned because of the lack of personnel, but it is understood that the research departments of two universities and a private laboratory in the state are carrying on further work in this project.

AIR POLLUTION

The outstanding example of air pollution occurred around the phosphate treating plants in central Florida. Here, the general practice used to be to mine rock and ship the raw phosphate to northern plants for treatment. The present plan is to treat the rock in Florida and to ship the concentrated product, thereby saving transportation charges

on inert material. Treatment of the rock requires large volumes of sulfuric acid, and it has been found profitable to make the acid locally. At least six companies are now engaged in the manufacture of sulfuric acid by the contact process. Five of the sulfuric acid plants are in an area six miles in length. For a distance of about half a mile around each plant there has been marked destruction of pine trees and some lesser damage to other vegetation. In addition, there have been many complaints of injury to health in the form of sore throats and mucuous membrane irritation alleged to be due to the inhalation of fumes from the manufacture of sulfuric acid, and its use in processing phosphate rock.

At the request of the county health department, visits were made to five of the phosphate companies. A meeting was held with the management of these plants at which they were formally advised of the complaints. They were informed that a study would be made of the surroundings of each plant in order to determine the amount of sulfur dioxide which was being given off from their stacks. A method was selected for field determinations of sulfur dioxide and tested out in the laboratory. Because of personnel shortages, and because the condition occurred late in the year it was possible to make only a few preliminary studies. The remainder of the study had to be deferred until 1955.

In one instance it was possible to forestall the occurrence of a case of air pollution. A group of promoters planned to erect an oil refinery near Fort Lauderdale, an area which has long been an attractive resort for tourists. This division worked with the Bureau of Sanitary Engineering in meeting with officials of the refinery company and advised them of the requirements which would have to be complied with before their plant was set up. The officials of the company decided not to go ahead with their plans.

X-RAY STUDIES

Rechecking of the shoe fitting machines was carried out to a limited degree. A study was made of the operation of the X-ray Department in a local hospital at the request of the hospital radiologist. The equipment was found to be in safe operating condition.

INQUIRIES

As usual, inquiries covered a wide range. One concerned poisoning from the eating of barracuda. Another was about the hazard of eating chickens which had been fed on a commercial preparation containing minute amounts of arsenic intended to stimulate growth of the chickens. Still another inquirer wanted to know how to clean out a tank that had contained ethyl gasoline as he intended to use the tank for watering stock.

POLLEN COUNTING

Pollen counting was discontinued at the end of the year after having been in operation for five years. Visits were made to two communities that had asked for pollen counts. In one case no ragweed plants were found and hence the advice was that pollen counts were unnecessary. In another case so much ragweed was found that active control measures were needed much more than pollen counts. A preliminary meeting was held in connection with the proposed pollen count for Tampa in 1955. At least two allergists are now conducting their own pollen counts.

STUDIES INITIATED BUT NOT COMPLETED

Personnel shortages have seriously hampered the work of the Division. In a preliminary study it had been found that the dry-cleaning industry is moving in the direction of establishing small dry-cleaning plants in suburban shopping centers. These plants offer one-hour or two-hour service instead of the former plan of sending all the work to large plants downtown. The number of users of synthetic solvents is thus increasing. As a result of our findings in some plants that have been inspected, it was concluded that there should be closer supervision. The inspection program was suspended when the inspector was transferred to another agency.

An interesting research program on ultra-violet light in Florida sunshine had to be abandoned because of personnel shortages. Investigation of several printing plants disclosed the presence of some potential occupational dermatitis, carbon monoxide, and lead poisoning hazards, but again the study had to be given up for the time being.

EDUCATION

A laboratory technician was instructed in the performance of cholinesterase tests for use in diagnosis of parathion poisoning. Several groups were given orientation talks on industrial hygiene.

Much literature was distributed in industry and to the general public. Among the literature sent out was the Florida Industrial Commission Code, occupational health bulletins, pollen counts, humidity tables, and material on industrial hygiene. There were 86 letters answered on climatology.

CIVIL DEFENSE

In connection with Civil Defense activities, the director attended the Fifth Annual Meeting of the County Medical Societies Civil Defense Conference held in Chicago. He was also present at a Radiological Defense Conference which was mostly devoted to monitoring, and a meeting of the Implementation Committee, both of which were held in Atlanta. One meeting of the Jacksonville-Duval County Civil De-

fense Council was attended at which time a report of the first Atlanta meeting was given. A conference was held with the Regional Medical Director of Civil Defense.

With the help of the State Civil Defense agency, the Division was provided with a new radioactive source consisting of 100 millicuries of Cobalt-60. It is expected that this source will be helpful in teaching radioactivity monitoring. Because of the illness and death of the former State Director of Civil Defense, Colonel R. G. Howie, there was a temporary interruption of the Civil Defense program.

TRAFFIC AND OCCUPATIONAL SAFETY

Traffic safety continued to take a good deal of time. For example, six meetings of the Traffic Safety Coordinating Committee in Tallahassee were attended as well as the Annual Conference on Traffic Safety held in St. Petersburg. About 25,000 circulars were distributed through county health departments and others to promote the observance of Safe Driving Day. The director attended the President's Conference on Occupational Safety in Washington, and also worked with the Jacksonville-Duval County Safety Council in planning their Second Annual Conference on Occupational Safety. Several accident hazards noted in trips through plants were reported to the proper office in the Florida Industrial Commission.

Technical Articles by Staff Members included:

MacDonald, W. E., Jr., Formaldehyde in Air — A Specific Field Test. Am. Ind. Hyg. Asso. Quart. 15, 217-219, 1954.

TABLE 24

STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES

Plant Activities	
Total number of different plants serviced	261
Number of workers covered by services	4132
Number of plant visits made	336
Source of Service	
Self-initiated	211
Requests from management, county health departments, state agencies, etc.	89
Total	300

General Type of Service Given	*No. of Services*
Introductory, routine	39
Plant surveys	119
Technical studies of hazards	117
Investigation of occupational diseases	16
Investigation of nuisance complaints	28
Other	5
Follow-up on recommendations	16
Investigation of atmospheric pollution	9
Discuss report	31
Total	380

Recommendations	*Made*	*Carried Out*
Number of recommendations	16	7
Plants involved	14	7
Workers affected	130	93

Specific Services			
Samples collected for laboratory analysis or examination			416
Other samples received for laboratory analysis			168
Biological	432	Mineral	31
Atmospheric	45	Misc.	76
Total			584

Number of laboratory analyses and examinations	729
Field determinations of atmospheric contaminants	408
Field determinations of physical conditions	215
Occupational diseases reported officially	1417
Occupational diseases investigated	70
Research investigations	2

TABLE 25

OCCUPATIONAL DISEASE CLAIMS

January — December, 1954

Conjunctivitis		188
Welders'	171	
Chemical	5	
Other	12	
Infections		65
Meat	28	
Tuberculosis	3	
Undulant fever	5	
Other	29	
Repeated motion, pressure and shock		14
Temperature changes		5
Variations in air pressure		12
Respiratory irritations		3
Radiation exposure		1
Parathion poisoning		12
Lead poisoning		2
Diagnosis indefinite		7
Dermatitis		1108
Citrus	164	
Alkali	134	
Solvents and oils	118	
Cement	137	
Glue	6	
Other chemicals	140	
Plant	112	
Creosote	10	
Fungus	53	
Larva migrans	106	
Other	128	
Total		1417

DIVISION OF VETERINARY PUBLIC HEALTH

JAMES E. SCATTERDAY, D.V.M., M.P.H., Director

The veterinary aspects of public health relate primarily to animal diseases transmissible to man. For many of these, eradication or control of the disease in animals appears, in the light of present knowledge, as the only means of control in humans. A few of these "transmissible" diseases, with which Veterinary Public Health was concerned this year, are discussed in the following paragraphs.

One of the major incidents of the year was concerned with Veterinary Public Health becoming a division in the Bureau of Preventable Diseases. This was due to increased activity in the division during the past year, as well as addition of personnel.

Another outstanding item was the establishment of an Animal Disease Morbidity Reporting program. This is done in cooperation with the Department of Health, Education and Welfare; Florida Livestock Board, U. S. Department of Agriculture, and the State Board of Health. A bimonthly report of the results is mailed to all practicing and state-employed veterinarians within the state, as well as state veterinarians and interested people in other states. Considering this as a year of "introduction" to the veterinarians of the state, very good results have been received. A cumulative report of these results for the year appears in Tables 26 and 27.

Rabies — Due to its human importance and interest, rabies is listed first. There was a total of 89 cases of animal rabies this year, a breakdown of which is given in Table 28. This is a marked increase over last year's total of 64. This is partly due to better reporting, and to the fact that the disease exists to quite an extent in our wildlife.

A meeting of the Southeastern United States Rabies Conference was held in Tampa, March 19-20th. This conference had a registration of 99, representing 19 states and five foreign countries. There were also representatives from state, county and city health departments; State and U.S. Fish & Game Commissions; humane societies; practicing veterinarians and private agencies, both within and outside Florida.

Bat rabies, first reported by Florida in 1953, received additional study. Funds obtained through a National Institute of Health grant permitted the employment of a fulltime biologist to study the habits and migration of these mammals. A possible method of census taking is being studied with the population pattern of bats and its relationship to rabies in this species. A total of 843 bats have been collected and examined during the year. One *(Lasiurus seminolus)* of the 843 collected, proved positive for rabies. (For additional information, see report of Bureau of Laboratories.)

Brucellosis — During the year, 97,234 cattle were tested in 7,713 herds by practicing, and state and federal veterinarians. 1,725 brucellosis reactors were found and disposed of according to the state regulations. 34,493 calves and 20,014 adult cattle were vaccinated against brucellosis under the supervision of the U. S. Department of Agriculture. Nine cases of human brucellosis were reported in 1954.

Bovine tuberculosis — All cattle in dairy herds are required to be tuberculin tested before milk is sold, and annually thereafter. Family milk cows may be tested for tuberculosis either by a practicing veterinarian at the request of the owner, or when the State Livestock Board reaccredits a county by testing at least 10 per cent of its cattle and herds. 3,291 herds, consisting of 142,553 cattle, were tuberculin tested in 1954. 72 reactors to the tuberculin test were found and removed.

Creeping Eruption — Studies along this line were continued with the cooperation of the Pacific Coast Borax Company. The several aspects considered were:

1. Hatchability of the dog and cat hookworm eggs during varying winter temperatures in Florida. (Approximately 38° - 75°F.)
2. Length of time the eggs remain viable.
3. Survival time of the larva in soil between 38° - 75°F.
4. Herbacidal action of the various larvacides used in dog and cat hookworm control, and the optimal strength desirable for use on vegetation.

This work is not complete and will be reported on later.

Psittacosis — Due to the geographic location of Florida, with its ideal climate for the breeding of small psittacine birds, this disease has been of considerable concern to some of the northern states. A few human cases in some of these northern states have been tentatively traced to Florida birds.

The bird industry in Florida has become alerted to the possibility of an embargo against their exports. One questionable case of human psittacosis has been diagnosed in Florida. From a total of 106 psittacine birds examined from aviaries in Florida, five were found positive for psittacosis.

Anthrax — In spite of very good vaccination and quarantine control, this disease appeared in two Florida counties. No new premises were found infected, but two of the originally infected ranches in Polk and Broward Counties did have recurrences.

MILK CONSULTANT ACTIVITIES

SAMUEL O. NOLES, B.S.A., M.P.H.

Greater demands by counties were made during the year for approval of dairies for inter-county transfer of milk. The Central Milk Registry was used extensively for this purpose, as well as a majority of the milk consultant's time.

Two of the major milk sheds, Pensacola and Jacksonville, were surveyed during 1954. Both sheds made a U. S. Public Health Service rating of better than 90 per cent, thus attaining a position on the "Honor Roll" of communities throughout the nation. Methods used by the milk

consultant for making such ratings were checked and approved by personnel of the U. S. Public Health Service.

Sources of milk and frozen desserts being used on interstate carriers were checked and recommended for approval to the U. S. Public Health Service.

The milk consultant continued work with sanitarians throughout the state, making recommendations concerning the quality milk control programs being conducted. Insufficient time was devoted to this activity.

Considerable work was done on further development of systems of tank-truck pick-up of milk from cold-wall tanks at the farms, thus eliminating ten gallon cans. This system has vastly improved the quality of milk being delivered to plants. Several technical problems, however, developed in connection with this system, all of which have not yet been solved. The milk consultant worked with manufacturers on problems of construction of cold-wall farm tanks and other equipment. He has been appointed to the "3-A Standards Committee" which has worldwide responsibilities in development of standards for manufacturing dairy equipment.

During 1954 the milk consultant worked in 43 counties. Seventy-two milk plants were inspected, which were processing a total average of approximately 100,000 gallons of milk and milk products daily. Over 800 producing dairies were inspected. All this work was done with local sanitarians who were responsible for the quality milk control programs in the area concerned.

Much effort has been directed toward attaining a more complete acceptance of reciprocal inspection between local health departments. Good cooperation has been extended by most counties concerning such efforts; however, there have been difficulties in some areas. Such a program requires close cooperation of the local health departments with the State Board of Health in submitting accurate and continuous information on all dairies and milk plants under their supervision to the Central Milk Registry.

In addition, it is necessary for the milk consultant to work with sanitarians in such areas for the purpose of standardizing quality control programs so that equal enforcement of sanitation requirements can be maintained.

For all the activities mentioned above, more help is urgently needed. A minimum of one more milk consultant is vital for supplying the consultative service requested and needed throughout the state.

Counties visited	43
Plant producers inspected	810
Pasteurization plants inspected	72
Sanitation surveys completed	2
Dairy industry meetings attended	11

Articles by staff members: Noles, Samuel O., Practical Sanitary Aspects of Bulk Milk Dispensing. Journal of Milk and Food Technology. July, 1954.

TABLE 26
CASES OF ANIMAL DISEASES REPORTED BY VETERINARIANS, FLORIDA, 1954

COUNTY	Anaplasmosis	Anthrax: Cattle	Anthrax: Other	Blackleg	Brucellosis Swine	Encephalo-Equine	Hog Cholera	Infectious Anemia, Equine	Johne's Disease	Leptospirosis: Cattle	Leptospirosis: Dogs	Leptospirosis: Other	Malig. Edema	Newcastle Disease	Psittacosis	Rabies: Dogs	Rabies: Foxes	Rabies: Cattle	Rabies: Other	Erysipelas Swine	Vesicular Exanthema	Ringworm: Dogs	Ringworm: Cats	Other
Total	290	4	0	177	44	139	307	14	9	170	402	96	34	6	1	18	7	24	14	82	0	272	67	62
Alachua	4			18		1	8			7	3		8							1				1
Baker																						6		
Bay	2						12				15							4				41	10	1
Bradford				8		2					1													
Brevard	7					1					9	2										5	2	2
Broward	15	3		4		6	1			6	15	3	3			2			5			1		1
Calhoun				8	4		8			4	3					4	5	2		3				
Charlotte	5																							7
Citrus																								
Clay											7					1						2		
Collier						1	1																	
Columbia						1		4			107	24	2									51	5	14
Dade	10			4		1		1	1		3	1												
DeSoto						1	8			88	39	13			1					2		31	16	8
Dixie																								
Duval	15					1	5				22	5										9	2	
Escambia																								
Flagler																								
Franklin				9	7	2	49		2		7	7								14		19	1	
Gadsden				2		6	1													3				
Gilchrist	1																							
Glades	3																							
Gulf																								
Hamilton				18		2					4													
Hardee	1																							
Hendry	7																							
Hernando												1												
Highlands																		1		2		16	9	
Hillsborough	1			3		19	20			2	17	2	1											
Holmes						1																		
Indian River																								
Jackson	1			10	18	5	25			4	1	5				2	1	15		14				
Jefferson	3			3			2			5										1				
Lafayette	3																							
Lake	6			11	2	3	9		5		7		1	6								1		
Lee	1					7			1		2	1				4			1			21	2	
Leon	4			4		1	1				2	1								4		8	7	
Levy	1						20									1				7				
Liberty																	1							
Madison																								
Manatee						5		1			2		4											
Marion	1			5	1	1	39			4			1							6				20
Martin	7					5		3		25	6		4									3		
Monroe											4											14	7	
Nassau																								
Okaloosa							25											1	2					2
Okeechobee																								
Orange	14			4	1	8	20			23	73	20				2				3		31	5	
Osceola	47			1		6		1				2	2							2		2		
Palm Beach	10			12		20		1			4	1	1									6		3
Pasco																				1				
Pinellas						2					7											1		3
Polk	63	1		35		8	24	1			37	1	5							20		2	1	
Putnam	4			2		4					4					1						1		
St. Johns	2																							
St. Lucie	2					10	1											1						
Santa Rosa				4		1	2																	
Sarasota				4	2	3				1		1												
Seminole	4					2	1	1		1	1	5												
Sumter																								
Suwannee				1	9		10						1									1		
Taylor						1	2													4				
Union												1												
Volusia	45			3		2	8	1																
Wakulla	1												1			1		1		1				
Walton				4			5																	
Washington																								

TABLE 27
CUMULATIVE TOTAL OF ADDITIONAL ANIMAL DISEASES REPORTED BY VETERINARIANS, 1954, YEAR 1954

COUNTY	Air Sac Disease	Actinomycosis	Aujeszky's Disease	Botulism	Chronic Respiratory	Contagious Abscesses	Demodex Follieulorum	Distemper	Dystrophic Rhinitis	Echinococcosis	Encephalitis	Encephalomyocarditis	Fever	Feline Enteritis	Feline Pneumonitis	Gastroenteritis	Hard Pad Disease	Hemorrhagic Septicemia	Histoplasmosis	Infectious Hepatitis	Infectious Rhinitis	Leukopenia	Leukemia	Paragonimus Westermani	Piroplasmosis	Pullorum	Scabies	Stephanurasis	Stomatitis	Swine Pox	Tetanus	Toxoplasmosis	Virus Pneumonia
Alachua											5		1				21			4					3						1		
Bay								1			2						2			4													
Bradford																	1																
Brevard																	18			33					5	40							20
Broward				2												3	63	1	1	3	6	1											
Calhoun											2						15			4		1									2		
Collier										1	19						17														4		
Dade							1	57			8							5		7						3					1		
Duval						3	500	6									6	1		4	6		1			15					2		
Escambia							5	6	15								33	2				8											
Gadsden																																	
Gilchrist											7						7																
Hardee																																	
Hillsborough								69																									
Holmes																																	
Indian River																																	
Jackson				3							5																						
Jefferson								1																									
Lake								36																									
Lee							3																										
Leon																																	
Levy							1																										
Liberty																																	
Marion			1					7			1																						
Martin																																	
Monroe											1																						
Okaloosa											1																						
Orange																																	
Palm Beach			1					6			2																						
Pinellas																																	
Polk											1																						
Putnam																																	
Sarasota																																	
Seminole																																	
Suwannee											6																						
Taylor								1																									
Walton								10																									
TOTAL	1	1	5	3	500	1	9	200	15	1	76	1		22	10	3	284	26	1	85	6	12	1	1	9	166	6	8	6	1	81	1	20

TABLE 28
LABORATORY CONFIRMED ANIMAL RABIES CASES BY COUNTIES AND SPECIES, 1954

COUNTY	SPECIES OF ANIMAL								TOTAL
	Dog	Cat	Cattle	Horse	Raccoon	Skunk	Fox	Bat	
Bay			2				1		3
Broward	4								4
Calhoun		1					3		4
Citrus								1	1
Collier	1								1
Duval					5				5
Gadsden			1				1		2
Hendry					1				1
Hernando					1				1
Highlands					1				1
Hillsborough	3								3
Holmes		1					1		2
Jackson	2	2	11				8		23
Lee	3	1							4
Levy	1						1		2
Liberty							1		1
Marion						1			1
Nassau					3				3
Okaloosa		1							1
Orange	2				3				5
Osceola				1		1			2
Pasco	2	1							3
Polk	1	2			1				4
Putnam	2								2
Suwannee	1								1
Volusia					1				1
Walton							1		1
Washington	1	2	2				2		7
TOTALS	23	11	16	1	16	2	19	1	89

BUREAU OF TUBERCULOSIS CONTROL

C. M. SHARP, M.D., Director

In spite of the rather drastic curtailment of funds during the past fiscal year, brought about by a reduction in Federal funds, the activities of this bureau have resulted in continued progress in the fight against tuberculosis.

It is evident, however, with the rapid growth of population in the state that it is absolutely necessary that sufficient funds be appropriated to operate this bureau in an adequate manner, since it is felt that through the activities in case finding of the county health departments, in conjunction with this bureau, the majority of tuberculosis cases are admitted to our state tuberculosis hospitals.

With the marked revolution in the treatment of tuberculosis brought about by new drugs and a more rapid turnover of patients who are to continue drug therapy on the outside, it is obvious that the activities of this bureau as well as the county health departments need to be stepped up to find the unknown cases, and to care adequately for those discharged cases who will need more intensive follow up and supervision of drug therapy administration.

MORTALITY

The status of tuberculosis as a leading cause of death has changed greatly. In 1953, for the first time in the history of the bureau, tuberculosis was not listed among the first ten causes of death.

There was a phenomenal decrease in the mortality rate between 1952 and 1953 when the accelerated treatment program first went into effect. During 1954 there was still a very significant drop in the number of deaths from tuberculosis, and in the death rate for both white and colored. There were 277 total tuberculosis deaths in 1954 with a rate of 8.0 (provisional) per 100,000, a decrease from the 303 deaths for the previous year.

The number of white persons dying of tuberculosis decreased from 171 in 1953 to 157 in 1954, with a death rate of 5.6.

The number of colored persons dying from tuberculosis continues to decrease rapidly with 120 deaths in 1954 compared with 132 deaths in 1953, with a resulting death rate of 17.5. (Table 29).

CASE FINDING

A comparison of the number of cases of tuberculosis reported in 1954 and 1953 shows that there has been a slight increase in the number of

cases. In 1953 there were 2424 cases reported, whereas in 1954, 2461 cases were reported. If, however, one takes into account that there has been between a five and six per cent increase in the population in Florida, then one cannot say that there has been an increase in the case reporting rate. This actually means there probably has been approximately a 5 per cent decrease in the reported case rate when compared with 1953.

The distribution of the cases by stage (Table 30) shows that there has been an overall increase in total cases reported, with an increase proportionately larger in the moderately advanced cases.

One significant finding observed is that there has been an 86 per cent increase in the number of cases of active primary tuberculosis reported between 1953 and 1954. This, of course, may not be significant since so few cases are involved, but it should be pointed out that 41 active cases of primary tuberculosis were reported in 1954 as against 22 in 1953.

It is still rather important that approximately 50 per cent of all cases of tuberculosis reported were in the age group over 45, and over 15 per cent were in the age group over 65, confirming previous observations of a swing toward the older age groups. (Table 30)

It should be noted that 61 or 2.5 per cent of all cases reported were reported first by death certificate. This is, however, an improvement over the 1953 figure which showed 72 cases. We received 15 reports from death certificates from the State Hospital in Chattahoochee, or 25 per cent of the total reported first by death certificate.

CENTRAL TUBERCULOSIS CASE REGISTER

As usual, a great deal of time and effort is spent by the central office staff of this bureau on the central tuberculosis case register from which a large volume of valuable information can be obtained. (Tables 31 and 32.)

Due to the closing of many cases from the register because of the termination of the period of follow up prescribed, the total number of cases in the register which we consider necessary to be followed is 11,009, a decrease of approximately 600 cases over 1953.

There were 2115 cases hospitalized in 1953 as against 2150 in 1954. The number of active cases residing at home has shown a decrease from 1909 in 1953 to 1585 in 1954.

One of the most marked improvements between the two years has been the number of positive sputum cases at home. In 1953 there were 865 positive sputum cases at home whereas in 1954 this number had decreased over 50 per cent to a total of 424. In addition, the number of questionably active cases decreased from 1150 in 1953 to 1028 in 1954.

A special evaluation of the cases at home has been made which is very revealing. There is a total of 1558 cases residing at home considered as having active tuberculosis by confirmed positive sputum or by x-ray alone. Only 616, or 40 per cent of these, however, have never been hospitalized, and only 138 (of the 616) or 9 per cent of the total cases residing at home are positive sputum cases.

An additional 610 cases, or 39 per cent, have been hospitalized but are AMA or AWOL from hospitals. An additional 62 cases, or 4 per cent, have been given voluntary discharges as having received maximum hospital benefit. Two per cent, or 32 cases, have been given disciplinary discharges. Seven per cent (104) are under the care of private physicians and 9 per cent (134) are over seventy years of age.

It can readily be seen that not all of the cases at home are ready and waiting to be admitted to state tuberculosis hospitals because of lack of beds. Policies regarding disciplinary discharges and means to prevent such a large group of AMA cases would go a long way toward increasing the number of patients on the waiting lists of our state tuberculosis hospitals and Veterans Administration hospitals.

MASS X-RAY SURVEYS

During the year 1954 the bureau has been operating with only three survey units, but these three units increased the number of 70 mm. films made from 201,728 in 1953 to 253,210 in 1954. The greatest increase was in the local health units and tuberculosis associations. In 1953 there were 180,583 x-rays made by these local units. This increased to 275,489 during 1954. There was a total of 528,699 survey films made. (Table 35)

There were 737 new cases reported as the result of x-ray surveys and 262 cases were hospitalized as a result. In addition, 750 old cases were uncovered, many of whom were hospitalized, as compared to 434 old cases in 1953.

Non-tuberculous pathology was also significantly increased. Three hundred forty-four suspicious tumors were reported as against 170 in 1953. Suspicious cardiovascular lesions found increased from 1560 to 3266 in 1954.

The overall new case rate for tuberculosis increased from 130.0 in 1953 to 139.4 in 1954.

These figures prove conclusively that x-ray surveys are still a valuable means of bringing to light both tuberculous and non-tuberculous cases, and it is a justifiable expenditure of time and money to have these continued and accelerated.

It is obviously impossible to compute the number of cases hospitalized indirectly as the result of survey examinations, but since 75 per cent of all cases hospitalized were through county health departments, surveys obviously represent a significant proportion of these cases.

Too much credit cannot be given to the untiring efforts of the local tuberculosis associations in sponsoring and working with these surveys and in providing financial assistance.

CONSULTATION X-RAY SERVICE

Clinic and consultation X-rays interpreted by the bureau have brought to light 518 active cases of tuberculosis and an additional 210 questionably active cases, 342 of undetermined activity as well as 2354 inactive cases.

The number of active cases increased appreciably over the previous year, the total number of positive x-ray findings showing approximately a 15 per cent increase. (Tables 33 and 34).

TUBERCULOSIS CONSULTATION CLINICS

These clinics were not held during 1954 due to curtailment in personnel.

ACTIVITIES IN LOCAL HEALTH DEPARTMENTS

Tuberculosis control activities continue to be one of the principal functions of the local health departments. The Activity Report of the Bureau of Local Health Service (Table 4) shows that there was an increase in the cases admitted to medical service and to nursing service. The number of persons receiving both large and small x-rays showed an appreciable increase. The number of persons receiving tuberculin tests increased. Nursing visits remained approximately the same. The number of cases hospitalized through local health departments increased from 1486 in 1953 to 1626 in 1954, which was 75 per cent of all patients hospitalized for tuberculosis in 1954 in the state.

TABLE 29

DEATHS FROM TUBERCULOSIS (ALL FORMS) AND DEATH RATES PER 100,000 POPULATION, BY COLOR, FLORIDA, SELECTED YEARS

YEAR	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1954*	277	8.0	157	5.6	120	17.5
1953	303	9.7	171	6.9	132	20.7
1952	501	16.7	250	10.5	251	40.0
1951	518	17.9	279	12.2	239	38.7
1950	522	18.7	254	11.6	268	44.1
1945	708	31.1	339	19.7	369	66.2
1940	978	50.8	375	26.8	598	115.6
1935	908	56.0	395	34.3	513	109.4
1930	1,015	68.6	432	41.3	583	134.0
1925	999	80.8	426	50.0	573	148.7
1920	1,016	102.3	423	64.3	593	176.8

* Provisional
Note: Deaths and rates 1930, 1925 and 1920 are by place of occurance. Other years by place of residence.

TABLE 30

NUMBER AND PERCENTAGE OF REPORTED TUBERCULOSIS CASES BY STAGE OF DISEASE, RACE AND SEX, AGE, AND SOURCE OF REPORT, FLORIDA, 1953 AND 1954

Stage of Disease, Race and Sex, Age, and Source of Report	1953		1954	
	Cases	Percent	Cases	Percent
TOTAL CASES	2,424	100.0	2,461	100.0
Stage of Disease				
Primary	22	0.9	41	1.7
Minimal	533	22.0	492	20.0
Moderately Advanced	894	36.9	985	40.0
Far Advanced	653	26.9	624	25.3
Non-Pulmonary	68	2.8	69	2.8
Unknown	254	10.5	250	10.2
Race and Sex				
White Male	1,111	45.8	1,148	46.7
White Female	598	24.7	590	24.0
Colored Male	420	17.3	412	16.7
Colored Female	267	11.0	289	11.7
Unknown	28	1.2	22	0.9
Age (in years)				
Under 5	37	1.5	45	1.8
5-15	17	0.7	28	1.1
15-24	182	7.5	211	8.6
25-44	912	37.6	944	38.4
45-64	842	34.8	795	32.3
65-	354	14.6	376	15.3
Unknown	80	3.3	62	2.5
Source of Report				
Health Department	1,698	70.1	1,705	69.3
Sanatoria	226	9.3	284	11.5
Private Physician	27	1.1	30	1.2
General Hospital	13	0.5	14	0.6
Out-of-State Report	164	6.8	171	6.9
Death Certificate	72	3.0	61	2.5
V. A. Hospital	167	6.9	151	6.1
Florida State Prison	23	0.9	22	0.9
Florida State Hospital	33	1.4	21	0.9
U. S. Recruiting Station	1	0.0	2	0.1

TABLE 31

ANALYSIS OF CASES IN THE CENTRAL TUBERCULOSIS CASE REGISTER

COUNTIES	Total Cases	Pulmonary Tuberculosis				Non-pulmonary Tuberculosis	Active Cases			
		Active	Questionably Active	Inactive	Primary Active		In Hospital	At Home by Sputum Status		
								Positive	Negative	Undetermined.
Alachua	259	57	28	171	1	2	31	7	10	9
Baker	22	8	2	12	0	0	5	0	3	0
Bay	131	36	2	93	0	0	28	0	3	5
Bradford	40	16	4	20	0	0	9	2	4	1
Brevard	102	35	11	52	3	1	21	3	6	5
Broward	344	128	37	171	6	2	78	7	18	30
Calhoun	35	9	2	24	0	0	7	0	0	2
Charlotte	18	5	1	12	0	0	3	0	1	1
Citrus	22	6	5	11	0	0	0	0	3	3
Clay	29	8	6	14	0	1	2	0	3	3
Collier	30	15	8	7	0	0	10	1	3	1
Columbia	74	33	9	29	0	3	18	1	6	8
Dade	1,816	666	110	1,008	19	13	438	90	96	42
DeSoto	23	5	3	14	1	0	2	1	1	1
Dixie	17	9	1	7	0	0	6	1	1	1
Duval	366	113	35	215	1	2	64	9	18	22
Escambia	527	200	19	304	3	1	85	31	40	44
Flagler	10	4	0	6	0	0	2	0	1	1
Franklin	16	6	1	9	0	0	1	0	2	3
Gadsden	117	48	13	53	1	2	32	2	4	10
Gilchrist	13	3	0	10	0	0	0	0	2	1
Glades	10	3	1	6	0	0	1	0	1	1
Gulf	34	15	2	17	0	0	7	2	1	5
Hamilton	36	18	4	14	0	0	10	4	2	2
Hardee	34	9	6	18	1	0	6	0	3	0
Hendry	24	7	6	11	0	0	2	2	1	2
Hernando	23	8	2	13	0	0	5	2	0	1
Highlands	52	20	10	22	0	0	13	4	3	0
Hillsborough	1,052	292	66	688	0	6	182	43	39	28
Holmes	27	10	4	11	2	0	2	2	0	6
Indian River	51	13	8	29	1	0	7	0	3	3
Jackson	140	55	12	70	1	2	39	1	7	8
Jefferson	30	9	4	17	0	0	4	2	0	3
Lafayette	10	2	5	3	0	0	2	0	0	0
Lake	138	45	19	72	1	1	20	5	12	8
Lee	82	28	9	43	1	1	15	1	7	5
Leon	176	64	18	90	1	3	47	5	2	10
Levy	34	16	3	15	0	0	10	0	4	2
Liberty	13	2	6	5	0	0	1	0	0	1
Madison	57	19	6	29	1	2	15	0	2	2
Manatee	135	34	23	76	2	0	23	3	5	3
Marion	136	45	17	71	1	2	26	1	10	8
Martin	47	20	9	18	0	0	7	4	4	5
Monroe	81	40	12	27	1	1	17	5	2	16
Nassau	57	18	3	33	2	1	10	1	2	5
Okaloosa	62	22	11	28	1	0	11	1	2	8
Okeechobee	9	3	2	4	0	0	1	0	1	1
Orange	495	172	34	283	1	5	64	29	39	40
Osceola	49	18	12	18	0	1	9	1	4	4
Palm Beach	528	195	74	250	7	2	104	16	37	38
Pasco	82	30	9	42	0	1	14	4	3	9
Pinellas	757	246	58	441	5	7	122	39	67	18
Polk	443	108	59	271	4	1	71	8	19	10
Putnam	108	42	14	51	1	0	24	4	9	5
St. Johns	87	23	11	52	0	1	11	3	4	5
St. Lucie	71	22	7	39	1	2	12	2	4	4
Santa Rosa	46	18	4	23	0	1	9	3	4	2
Sarasota	144	33	26	84	1	2	18	4	6	5
Seminole	110	37	7	64	0	2	19	3	5	10
Sumter	22	5	6	11	0	0	1	3	1	0
Suwannee	45	13	10	22	0	0	7	2	3	1
Taylor	38	10	8	20	0	0	4	1	3	2
Union	15	4	3	8	0	0	3	0	1	0
Volusia	255	73	28	150	3	1	39	6	10	18
Wakulla	18	4	2	12	0	0	3	1	0	0
Walton	37	18	4	14	0	1	12	2	2	2
Washington	35	9	9	17	0	0	4	0	3	2
Florida St. Hosp. No. 2	18	2	7	9	0	0	0	2	0	0
Jacksonville	946	401	60	459	5	21	280	38	62	21
Florida St. Prison	99	25	11	63	0	0	0	10	9	6
TOTALS	11,009	3,735	1,028	6,075	79	92	2,150	424	633	528

TABLE 32

COMPARISON OF TUBERCULOSIS CASE REGISTER STATISTICS, FLORIDA, 1952-1954

Tuberculosis Cases by Activity, Locations and Sputum Status	Number of Cases			Percent Distribution		
	1952	1953	1954	1952	1953	1954
TOTAL CASES IN REGISTER	11,172	11,608	11,009	100.0	100.0	100.0
Active Pulmonary Tuberculosis	3,976	4,024	3,735	35.6	34.7	34.0
Questionably Active Tuberculosis	1,253	1,150	1,028	11.2	9.9	9.3
Inactive Pulmonary Tuberculosis	5,846	6,281	6,075	52.3	54.1	55.2
Primary Active Tuberculosis		63	79		0.5	0.7
Non-Pulmonary Tuberculosis	97	90	92	0.9	0.8	0.8
ACTIVE PULMONARY TUBERCULOSIS	3,976	4,024	3,735	100.0	100.0	100.0
Hospitalized	2,038	2,115	2,150	51.3	52.6	57.6
At Home	1,938	1,909	1,585	48.7	47.4	42.4
ACTIVE PULMONARY CASES AT HOME	1,938	1,909	1,585	100.0	100.0	100.0
Positive Sputum	987	865	424	50.9	45.3	26.7
Negative Sputum	608	781	633	31.4	40.9	39.9
Undetermined Sputum	343	263	528	17.7	13.8	33.4

TABLE 33

CLINIC AND CONSULTATIONS (14" X 17") CHEST X-RAYS WITH TBC PATHOLOGY SHOWING STAGE OF DISEASE BY ACTIVITY, FLORIDA 1954

ACTIVITY	STAGE OF DISEASE					
	Total	Minimal	Moderately Advanced	Far Advanced	Unknown	Primary
TOTAL	3,424	976	1,595	208	541	104
Active	518	84	293	155	9	27
Questionably Active	210	36	153	11	6	2
Activity Undetermined	342	83	195	13	36	15
Inactive	2,354	823	952	29	490	60

TABLE 34

FINDINGS OF CLINIC AND CONSULTATION (14" X 17") CHEST X-RAYS INTERPRETED IN 1954 BY SUBMITTING FACILITY, REASON FOR TAKING, RACE AND SEX, AND AGE, FLORIDA

Submitting Facility, Reason for Taking Race & Sex and Age	Total Films	Negatives	Tuberculous Pathology by Stage						Suspected Tuberculosis	Non-Tuberculous Pathology		Unknown	
			Total	Minimal	Moderately advanced	Far Advanced	Stage Unknown	Primary		Calcifications	Other Pathology	Diagnosis Reserved	Films unsatisfactory
TOTAL	19,238	12,452	3,424	976	1,595	208	541	104	448	600	1,181	707	426
Facility Submitting Film													
Diagnostic X-Ray Clinic	4,645	2,630	1,132	308	507	75	210	32	123	168	286	200	111
County Health Department	10,253	6,221	1,962	591	889	99	316	67	284	377	700	426	283
Private Physician	226	150	54	18	15	15	4	2	2	2	11	7	0
General Hospital	449	350	14	3	6	2	3	0	10	6	43	23	3
Raiford Prison	2,335	1,997	201	31	149	16	5	0	17	30	61	24	5
Florida Farm Colony	143	108	3	1	2	0	0	0	6	2	6	4	14
Other	1,187	996	58	24	27	1	3	3	6	20	74	23	10
Reason for Taking Film													
Mass Survey Follow-up	2,435	1,196	309	182	149	18	10	0	107	257	349	173	44
Known Case Follow-up	3,092	69	2,753	752	1,307	122	521	51	19	83	28	100	40
Suspect Follow-up	600	269	64	29	24	3	2	6	68	46	70	79	9
Contact of Case	3,952	3,467	90	27	14	9	0	40	79	44	109	60	108
Possible Source Case	112	100	2	0	2	0	0	0	1	1	2	4	2
School Employee	112	102	2	1	0	0	1	0	3	1	0	0	4
Food Handler, etc.	1,672	1,514	9	0	8	0	1	0	21	15	37	11	65
Pre-Natal	63	56	0	0	0	0	0	0	1	1	4	0	1
Pre-Employment Inc. Pre-Induction	409	400	1	1	0	0	0	0	2	2	1	2	1
Medical Personnel	142	126	1	0	0	1	0	0	1	0	5	4	5
Other	6,649	5,153	193	34	91	55	6	7	151	150	576	274	152
Race & Sex													
White Male	7,627	4,726	1,506	427	780	95	177	27	156	290	507	300	142
White Female	6,584	4,499	983	349	411	26	180	17	127	236	356	228	155
Colored Male	3,044	1,923	548	111	259	69	78	31	104	51	214	136	68
Colored Female	1,885	1,240	375	85	143	17	102	28	61	20	90	40	59
Unknown	98	64	12	4	2	1	4	1	0	3	14	3	2
Age in Years													
Under 5	242	123	89	0	3	0	0	36	25	1	6	18	30
5-15	1,578	1,296	73	7	2	0	2	62	58	25	46	40	40
15-24	3,007	2,552	182	56	74	15	34	3	46	27	89	60	51
25-44	6,822	4,801	1,251	331	526	80	313	1	116	143	236	152	123
45-64	5,176	2,655	1,313	417	654	66	176	0	145	256	412	267	128
65+	2,160	880	528	151	321	43	13	0	49	143	357	158	45
Unknown	253	145	38	14	15	4	3	2	9	5	35	12	9

TABLE 35

RESULTS OF 70mm X-RAY SCREENINGS AND 14" x 17" FOLLOW-UP FILMS ACCORDING TO RACE AND SEX, AGE, AND COUNTY, FLORIDA, 1954

Race and Sex, Age, and County	70mm X-RAYS							14-in. x 17-in. X-RAY FOLLOW-UP FILMS																		
			FILM IMPRESSION							FINDINGS							NEW CASES FOUND									
																	By Stage				By Activity					
	Total Films (a)	Percent of Population (b)	Definite or Suspected Tuberculosis	Cardiovascular	Tumor	Other Pathology	Negative	Total Films	Percent Follow-up (c)	New Cases (d)	Old Cases	Suspected Tuberculosis	Calcification	Other Pathology	Diagnosis Reserved	Negative	Minimal	Moderately Advanced	Far Advanced	Unknown	Active	Inactive	Undetermined	New Case Rate (e)	Hospitalization Recommended (f)	
GRAND TOTAL	528,699	23.2	7,993	3,266	344	3,881	513,215	5,916	75.6	737	750	585	29	1,237	290	2,288	286	299	111	27	244	255	238	141.2	262	
MASS SURVEY X-RAY SCREENINGS																										
SUB TOTAL	253,210	34.6	3,707	1,750	220	2,184	245,349	3,156	85.1	428	262	319	29	782	147	1,189	177	198	40	13	114	146	168	169.0	122	
RACE AMD SEX																										
White Male	97,183	32.7	1,707	449	105	1,001	93,921	1,478	86.6	245	125	158	13	403	59	475	60	116	20	9	55	88	102	252.1	44	
White Female	105,194	35.7	1,210	529	60	730	102,665	1,026	84.9	120	86	90	14	270	41	405	59	49	11	1	26	48	46	114.1	30	
Colored Male	24,155	35.0	449	358	41	289	23,018	362	80.6	48	29	38	2	62	30	153	14	24	7	3	23	7	18	198.7	33	
Colored Female	24,055	33.2	328	405	12	148	23,162	279	85.1	15	20	32		45	16	151	4	9	2		10	3	2	62.4	15	
Unknown	2,623		13	9	2	16	2,583	11	84.6		2	1		2	1	5										
AGE																										
15-24	61,995	41.3	373	153	19	190	61,260	326	87.4	21	5	28	1	24	21	226	8	9	3	1	14	3	4	33.9	19	
25-34	46,654	30.9	306	67	5	189	46,087	249	81.4	34	28	18	1	32	11	130	11	16	5	2	17	9	8	72.9	21	
35-44	45,420	31.5	431	153	24	306	44,506	368	85.4	53	33	27	5	69	12	169	25	22	5	1	20	12	21	116.7	27	
45-54	38,790	33.7	635	325	48	429	37,353	536	84.4	73	61	49	4	124	26	199	34	31	7	1	18	25	30	188.2	21	
55-64	28,180	33.3	775	334	38	460	26,573	667	86.1	111	62	68	8	182	35	201	48	50	9	4	20	43	48	393.9	15	
65 and over	25,567	29.4	1,116	658	81	560	23,152	955	85.6	133	58	132	9	342	40	241	51	68	11	3	24	53	56	520.2	16	
Unknown	6,604		71	60	5	50	6,418	55	77.5	3	15	2	1	9	2	23		2		1	1	1	1		3	
COUNTY																										
Alachua	14,349	39.3	185	60	5	105	13,994	170	91.9	16	12	8	1	26	13	94	7	8		1	7	3	6	111.5	8	
Baker	1,137	24.7	9	3		10	1,115	8	88.9	2	2			2		2		2			1	1		175.9	2	
Bradford	1,925	22.9	36	3	1	16	1,869	33	91.7	4		4		5	2	18	1	3			3		1	207.8	2	
Brevard	6,967	24.5	87	15	4	51	6,810	41	47.1	5	5	2	1	5	1	22	4	1				2	3	71.8		
Citrus	932	20.7	13	6		7	906	13	100.0	2	1	2		1	1	6		2			2			214.6	2	
Clay	3,110	22.7	88	24	6	42	2,950	80	90.9	12	7	3	2	30	6	20	4	8			3	8	1	385.9	3	
Collier	1,364	14.5	15	6	1	10	1,332	11	76.3	1	2	4		1				1			1			73.3	1	
Columbia	2,255	15.4	35	14		15	2,191	28	65.7	6	2	2		9	1	3	3	3			2		4	266.1	2	
Franklin	855	21.3	8	3	1	3	840	8	100.0	1			1	2		4		1					1	117.0		
Gadsden	6,831	28.4	75	67	4	46	6,639	72	96.0	10	11	7		11	3	30	1	8	1		9		1	146.4	13	
Gilchrist	506	22.4	5	5		2	494	5	100.0		1					4								0.0		
Gulf	2,262	34.0	9	7	1	8	2,237	9	100.0	1	1	1		4		2		1				1		44.2		
Hamilton	876	13.1	11	1		12	852	7	63.6	1	1			3		2			1		1			114.2	1	
Hernando	1,288	22.7	28	7		11	1,242	22	78.6	8	1			6	2	10		3					3	232.9		
Indian River	2,149	20.2	32	1		13	2,108	26	81.2	5	5	3		5	1	7	1	4			1	3	1	232.7	1	
Jefferson	1,052	14.2	3			10	1,039	3	100.0		1	1		1										0.0		
Lee	7,998	36.8	111	53	4	99	7,731	88	79.3	9	18	8		29	3	26	3	5	1		1	5	3	112.5	4	
Leon	16,180	39.9	109	38	1	92	15,940	109	100.0	16	14	1	5	25	11	37	9	5	1	1	4	4	8	98.9	5	

TABLE 35 (continued)

RESULTS OF 70mm X-RAY SCREENINGS AND 14" x 17" FOLLOW-UP FILMS ACCORDING TO RACE AND SEX, AGE, AND COUNTY, FLORIDA, 1954

Race and Sex, Age, and County	70mm X-RAYS							14-in. x 17-in. X-RAY FOLLOW-UP FILMS																		
			FILM IMPRESSION							FINDINGS							NEW CASES FOUND									
																	By Stage				By Activity					
	Total Films (a)	Percent of Population (b)	Definite or Suspected Tuberculosis	Cardiovascular	Tumor	Other Pathology	Negative	Total Films	Percent Follow-up (c)	New Cases (d)	Old Cases	Suspected Tuberculosis	Calcification	Other Pathology	Diagnosis Reserved	Negative	Minimal	Moderately Advanced	Far Advanced	Unknown	Active	Inactive	Undetermined	New Case Rate (e)	Hospitalization Recommended (f)	
Levy	1,636	21.8	28	12		14	1,582	17	60.7	2				1	2	12		2					2	122.2		
Liberty	468	24.1	4	2		4	458	3	75.0						1	2								0.0		
Madison	2,763	26.2	25	11		16	2,711	19	76.0	4	1			6	3	5	2	2			2	1	1	144.8	1	
Manatee	9,387	30.2	160	47	4	134	9,042	147	91.9	15	15	31		27	5	54	9	4		2	6	3	6	159.8	5	
Marion	12,278	38.8	296	61	9	145	11,767	231	78.0	17	20	8	1	38	17	130	5	9	1	2	6	7	4	138.5	5	
Martin	1,978	28.8	22	23		22	1,911	18	81.8	2	3	1		7		5		2					2	101.1		
Monroe	1,925	5.8	41	9	5	16	1,854	31	75.6	8	7	1		7	1	7	4	4			2	4	2	415.6	2	
Nassau	3,933	36.5	30	8	2	13	3,880	26	86.7	2	1			6	9	8	1	1					2	50.9		
Okeechobee	933	31.4	17	6	1	10	899	17	100.0	1	1	1		6		8		1				1		107.2		
Pinellas	67,174	44.5	1,321	963	128	685	64,127	1,143	86.6	189	22	206		364		362	83	77	24	5	37	69	83	281.4	40	
Putnam	4,235	21.7	29	11	2	16	4,177	28	96.6	2	4			6	1	15	1		1		1	1		47.2	1	
St. Johns	6,699	32.0	94	28	5	62	6,510	30	85.1	7	15	3	3	7	15	30	4	2	1		1	3	3	104.5	1	
St. Lucie	6,025	32.5	66	40	3	75	5,841	57	86.4	2	7	7		9	4	28	1	1				1	1	33.2		
Sarasota	12,544	47.8	252	83	8	162	12,039	225	89.3	30	21	5		59	16	94	10	17	3		5	12	13	239.2	4	
Taylor	2,587	26.6	22	5	2	12	2,496	17	77.3	3	1	1		2	1	9	1	1			1	2		118.2	1	
Union	832	17.4	19	3		7	803	19	100.0	2	2	2		4	3	6	1	1			1	1		240.4		
Volusia	21,863	34.1	294	101	19	208	21,246	238	81.0	31	32	9	15	54	14	83	17	11	3		12	9	10	141.8	12	
Wakulla	917	24.8	14	3	1	8	891	14	100.0	2	1	2		2		7		1	1		2			218.1	1	
Andrew Jackson H.S.	1,763	92.6	13			4	1,746	18	100.0	1				2	1	9		1			1			56.7	1	
Florida A&M Univ.	2,860	100.0	26	3		8	2,823	23	88.5	3	8			1	7	4	1	1		1	1	1	1	104.9	2	
Florida State Univ.	5,480	86.9	10	2		8	5,460	8	80.0	1	3			2		2	1					1		18.2		
State Prison	1,543	82.4	15	3		14	1,511	10	66.7					2	2	6								0.0		
U. of Fla. Aug.	3,287	46.6	20	5	2	16	3,194	20	100.0	4	6			4	1	5	1	2	1		1		3	123.6	1	
U. of Fla. Sept.	8,164	82.8	30	8	1	28	8,097	24	80.0	6	8	1		1		8	2	3		1		3	3	73.5	1	
OTHER X-RAY SCREENINGS																										
SUB TOTAL	275,489	16.2	4,286	1,516	124	1,697	267,866	2,760	67.0	309	488	266		455	143	1,099	109	101	71	14	130	109	70	114.9	140	
Broward Health Dept.	26,706	27.2	339	234	12	11	26,110	217	64.0	40	21	9		8	15	124	13	19	3	4	7	24	9	149.8	7	
Dade Health Dept.	13,938	2.8	502	200	2	136	13,098	406	80.9	25	67	4		98	46	166	12	4	9		14	11		179.4	15	
Dade T. B. Assn.	56,330	11.4	508	210	38	355	55,219	302	59.4	42	56	1		77	44	82	15	14	10		20	17	5	74.6	14	
Duval Medical Center.	6,620	5.7	164	184	10	115	6,147	Follow-up Not Available																		
Jacksonville Health D.	44,480	27.5	537	178		155	43,610	521	97.0	40	35	40		93	13	300	14	12	13	1	19	4	17	89.9	34	
Escambia Health Dept.	9,401	8.6	113	26	3	75	9,184	103	91.2	8	12	2		10	10	61	1	3	2		6		2	85.1	6	
Hillsborough Health D.	45,559	20.1	1,201	174	20	371	43,793	599	49.9	53	262	149		51	10	74	31	12	8	2	18	29	6	116.3	17	
Orange Health Dept.	22,388	1,816	354	121	4	134	21,775	278	78.5	22	22	13		63	3	155	6	5	5	4	5	7	10	98.3	13	
Palm Beach Health D.	9,450	8.3	102	26	8	100	9,214	91	89.2	28	10	5		27		77	4	16	10	3	15	8	10	296.3	14	
Pinellas Health Dept.	10,412	6.9	182	104	16	25	10,085	151	83.0	33	2	25		14		77	4	16	10	3	15	8	10	316.9	13	
Polk Health Dept.	30,205	27.4	284	59	11	220	29,631	92	32.4	18	1	18		14	2	39	7	5	6		9	3	6	59.6	7	

(a) Excludes unsatisfactory films. Distribution by age, Race, and sex based on 10% sample of films.
(b) Based on estimated 1954 population 15 years and over in counties surveyed.
(c) Excludes Duval Medical Center.
(d) Includes 14 primary cases not shown in stage tabulation.
(e) Rate per 100,000 satisfactory 70mm fims.
(f) Includes old cases.

DIVISION OF HEART DISEASE CONTROL

SIMON D. DOFF, M.D., M.P.H., Director

The Heart Disease Program during 1954 was characterized by the initiation of several new activities of state-wide interest and the continued support of established activities.

While vital data have been assembled in detail in the report of the Bureau of Vital Statistics, it is of interest to note a continuation of the downward trend in mortality due to chronic rheumatic heart disease. Vascular lesions of the central nervous system, principally cerebral hemorrhage and cerebral thrombosis, appeared to be increased in frequency while deaths due to hypertension may have seen a small decline.

It is important to determine whether progress is being made in the control of cardiovascular diseases particularly those occurring in the older age groups. One indication of progress will be measured by a shift in the age specific death rates with the rates increasing in the oldest groups while decreasing in the fourth, fifth, sixth decades.

Congenital malformations appear to be assuming a more significant place in the list of causes of death and are presently tenth or eleventh in rank. This is of interest to the Division since malformations of the circulatory system represent more than 40 per cent of all deaths in this general category.

EDUCATION

The Biennial Cardiovascular Seminar for Physicians continues to hold its place as a medical event to which Florida physicians look forward. This three-day seminar was given in Miami for the third time since 1950 and the attendance gave evidence of its continued popularity. Slightly less than three hundred physicians were registered. As before, the public forum, conducted by members of the seminar faculty, rounded out this activity. The seminar was sponsored jointly by the State Board of Health, and the Florida and Greater Miami Heart Associations.

The importance of an adequate medical library in a general hospital is well-established; however, few hospitals, excepting the largest, appear to be able to support such an activity. In cooperation with the Florida Heart Association, the State Board of Health will sponsor a mobile heart library consisting of between 20 and 30 volumes of the latest editions on all phases of cardiovascular disease. These books will comprise a unit to be offered on loan to all small hospitals in Florida for a limited period of time. It is believed that this will stimulate interest in cardiovascular disease on the part of physicians and nurses.

CASE FINDING

The detection of disease by means of 70 mm. photofluorography was continued. We believe that this method of case finding will become increasingly significant as funds are made available for its development. Acknowledging the limitations of this method of case finding, many lesions have been detected and reported to their physicians. The employment of a physician who would read survey films for evidence of heart disease appears to be justified.

The detection of new cases of congenital heart disease among children admitted as students to the Florida State School for the Deaf and Blind is receiving continued support from this division.

COMMUNITY SERVICE

Four out-patient cardiac clinics are now operating in the state. The most recent addition in Palm Beach County represents a joint project of the Palm Beach County Health Department with the local Heart Association chapter. The clinic is housed in the health department building and personnel of the health department provide both intra- and extra-mural service to the physicians in charge of the clinic and to the patients who are indigent.

This division provides the services of a nutrition counselor. (For additional information, see report of Division of Nutrition and Diabetes Control).

During the current year, this division urged the inclusion of children with congenital malformations of the heart in the overall program of the Florida Crippled Children's Commission. It would appear that such service may soon be made available to children with this type of handicap.

RESEARCH

The incidence of streptococcal infection is being studied by the National Children's Cardiac Hospital under the terms of a project receiving support from this division with the cooperation of the Dade County Health Department. Preliminary reports appear to indicate that the incidence of streptococcal infection among school children in Miami is as great as that found in temperate zones of the United States. The results suggest that some other reason than a low streptococcal infection rate will need to be found in order to account for the infrequent occurrence of the classical syndrome of rheumatic fever in Florida.

A Rheumatic Fever Case Register has been established and is a joint enterprise with the National Children's Cardiac Hospital and the Florida Heart Association. The case register will serve to determine how much emphasis needs to be given in Florida to the problem of rheumatic

heart disease prevention through control of acute rheumatic fever and its recurrence.

The current year marked initiation of a five-year research project to determine factors which influence the development of congenital malformations. Cooperating with this division are the Bureaus of Laboratories, Vital Statistics, Maternal and Child Health, the Divisions of Nursing, Nutrition and Health Information, Duval County Health Unit, Jacksonville City Health Department, Jacksonville hospitals and their medical staffs.

BUREAU OF LABORATORIES

ALBERT V. HARDY, M.D., Dr. P.H., Director

ORGANIZATION AND PERSONNEL

The year 1954 was a memorable one for the staff of the Central Laboratory in Jacksonville. After years of increasingly urgent need, new quarters were completed and occupied late in October. Laboratory space was materially increased and is now adequate. Of greater importance is the fact that the quarters were planned for laboratory occupancy and functionally permit convenient and efficient operation. Since facilities are a part of the "tools" of the laboratory worker, there is a feeling of great relief knowing that service can be given now without the oppressive handicaps which previously existed.

The fresh memory of the striking contrast between the old and the new, accentuates the feeling of urgent need for suitable and safe facilities elsewhere. The annual report of one year ago called attention to the pressing needs in Miami and Tallahassee; also, the "life expectancy" of the temporary buildings in Orlando has been exceeded. There is encouragement in the fact that plans have been formulated looking toward the construction of combined Health Centers and Regional Laboratories both in Miami and Orlando. It is proposed that these be built through funds from local, state and federal sources. The first and the last funds appear well assured and the provision of the modest state appropriation requested would permit those developments which are urgently required to meet present and future needs. In Tallahassee the proposed move from present quarters to space available in the W. T. Edwards T B Hospital would involve relatively little expense and would greatly improve working arrangements.

The newest of the regional laboratories has grown with unanticipated rapidity during the year. The volume of work in the West Palm Beach Laboratory more than doubled as compared with 1953 and in tests performed this young laboratory already stands far above Orlando, Tallahassee or Pensacola. This spontaneous and rapid growth has created a difficult problem. It has not been possible, due to budgetary limitations, to add to the staff of the West Palm Beach Laboratory. The load of work per person is excessive, imposing a hazard to the health of the workers and creating a risk of less dependable laboratory findings.

Though we have not been able to build our staff to meet present and future needs, the favorable aspects of the personnel situation in 1953 was the virtual absence of resignations of experienced technical and professional workers. The bureau now has a mature and highly competent staff. There was one notable loss in the reassignment of

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Mildred Galton, an employee of the Public Health Service who had been in the Jacksonville Laboratory as a state or federal employee since 1942. She is now located at the Communicable Disease Center in Atlanta and close working relationship with her will be maintained.

There have been two changes in senior staff. Arthur Lewis, D.V.M., a previous Veterinary Public Health trainee from the U.S.P.H.S., joined the Bureau as Chief of the Veterinary Section. Dr. Nathan Schneider completed his academic training and rejoined the Bureau as Assistant Director. In addition to the duties of that office, he will give particular attention to the various special studies and to the development of virological diagnostic services.

DIAGNOSTIC SERVICES

For budgetary reasons the staff of the bureau has had to be reduced during the present biennium and of necessity there was a persistent attempt to restrict services. In 1953 there was a minor reduction in work load but in 1954 the largest number of specimens ever submitted came to the bureau. The laboratory at present is overburdened in handling the specimens now received but to serve its proper function in public health, it needs to be able to do more than this. A freedom to encourage additional service is essential if it is to aid the county health departments and the physicians to strengthen public health activities through a better utilization of laboratory facilities. Continued growth of volume of work in the face of our attempts to suppress growth is strong evidence of the need for an expansion of services.

The increase in work during 1954 occurred chiefly in Miami and West Palm Beach (Table 36). There was a moderate decline in Jacksonville, in part, since work from Palm Beach County previously sent to Jacksonville now goes to the Regional Laboratory serving that area. Furthermore, the working facilities in the old laboratory were particularly difficult in 1953 and during the period before and after the move into new quarters, it was necessary to ask that specimens be withheld if possible.

There was little change in the nature of the services provided (Table 37). Specimens for syphilis serology exceeded by about 30,000 the largest number submitted in any previous year. However, the proportion of specimens which were reactive in any degree declined to 8.0 per cent as compared with 9.3 per cent in 1953 and over 16 per cent in 1950 and earlier (Table 38). These observations emphasize rather than minimize the urgent importance of continuing case finding and control measures.

In contrast to this suggestive evidence of a decline in residual infections with syphilis, there was no decline in the positive findings for gonorrhea. Similar numbers of specimens from apparently the same general sources showed an increase in positive findings by both microscopic observation and culture. In 1953 only 4.5 per cent of cultures submitted were positive for gonorrhea whereas in 1954 this had increased to 5.9 per cent.

The important work in the field of tuberculosis increased to 2,213 specimens more than examined in any previous year. This work was conducted only in the Jacksonville and West Palm Beach Laboratories. Considering only the predominantly nonhospitalized patients examined in the Jacksonville laboratory the proportion of positives is on a declining curve. In the years prior to 1953 the number of positives was within the range of 15 to 17 per cent. In 1953 this fell to 12.4 and in the current year was 10.8 per cent. Laboratory technics have changed little and all in the direction of increased sensitivity. This again is confirmatory laboratory evidence of the substantial reduction of detectable infectious tuberculosis in the general population.

The records of previous years regularly indicated a decline in the effectiveness of T.B. culture technics during the hot summer months. During 1954 again the bacteriological observations varied by season as shown in Table 39. There was a high of 12.9 per cent positive during the cool months, and a low of 8.0 per cent in the hot months and 10.2 per cent positive in the intermediate months. If the specimens come from similar cases in the different seasons, as is assumed, then one would expect the same proportion of positives throughout the year as was found during the winter. The "expected positives" would be as is shown in the table. The deficit between observed and expected positives is shown in the last column. Thus conditions which prevail during the warmer months apparently adversely affect the specimens in transit so 527 "expected positive" specimens were undetected. These are the data for the Jacksonville laboratory only. It is impossible to examine in a comparable manner the findings on specimens shipped to the West Palm Beach Laboratory. There the specimens come from cases hospitalized in Lantana as well as from public health sources and in tabulated reports these are not differentiated. However, with Florida's "perpetual summer" the loss in positives would be even more serious if this is due to changes in specimens induced by shipment at summer temperatures. The laboratory has been aware of this problem but has not been able, due to lack of suitable space in Jacksonville and to chronic personnel shortage, to do the experimental tests needed to determine causes and to evaluate possible corrective measures.

The number of specimens positive for rabies showed a disturbing increase. There was little evidence of any significant change in incidence in dogs, the traditionally accepted source of this infection. In contrast, the increase was marked for wild animals. The heads of horses or cattle are not often sent for examination but in the current year 16 were found positive for rabies as compared with 5 in the preceding year. The increasing evidence of rabies in wildlife, including bats, and the economic importance of this disease to farmers both warrant emphasis.

The record of the number of examinations for rabies does not give any suggestion of the large volume of work involved. These specimens as received are whole animal heads. The skull must be opened and the brain removed. Then a series of smears are prepared on slides; after staining these are examined immediately by a prolonged microscopic search. These tests in 1953 revealed 67 positive animals. Mouse inoculation tests are required to detect others which cannot be discovered by this procedure. During the past year, approximately 3,200 mice were inoculated into the brain, were cared for during 30 days of observation, and were examined after death. The cost of mice alone was nearly $1,000. Through these costly and exacting procedures, rabies was found by this method in 22 animals in which the microscopic test failed to reveal the infection. In rabies all positives in animals to whom humans have been exposed must be found to assure the prevention of the uniformly fatal disease in man.

The 1953 report provided an analysis of the preceding five year experience in parasitological laboratory findings. Attention was called to the downward trend for hookworm and the upward trend in ascariasis. The present year revealed no significant decline in hookworm as compared with the two preceding years. However, there was further evidence of a continuing increase in ascariasis. These data suggest that the differences in the epidemiology of these infestations have not been given due weight in planning control and possibly that there are broad gaps in the knowledge of ascariasis. This is another practical problem needing attention.

The volume of work in the examination of milk, water, foods and utensils showed no significant change as compared with recent years. However, the important problem encountered during the year is not reflected by these tabulations. Florida's laws specifically prohibit the sale of reconstituted milk. Currently there is no very satisfactory laboratory test for this condition. However a series of specimens were found to have normal fat, normal solids not fat, but with cryoscopic evidence of added water. This has never been found in the many examinations of assuredly whole fresh milk. The evidence indicated modification of normal milk and suggested that some distributors at times provided the public with other than whole fresh milk. While possible reconstitution may not have serious public health implications, it does represent unfair trade practices and does provide a cheaper product than that for which the consumer pays. Control of this is in the interest of the public and of the industry as a whole. This calls for repeated detailed examinations which only the several public health laboratories can provide effectively. Furthermore, it is urgent that findings be accorded legal validity in the courts. However a state court has held that "adulteration" is covered only by the Pure Food, Drug and Cosmetics laws and examinations for enforcement must be performed by the agency (Department of Agriculture) which is responsible for the enforcement of

this law. Either cooperative action or legislative corrective measures will be required to handle this situation.

There continued to be in the chemistry section the same wide variety in work. There were the specimens for the identification of narcotics, toxicological examinations of material from humans and animals, and tests for poisons in foods or materials submitted. There were the water specimens for detailed chemical analysis, and biochemical tests in cases of suspected syphilis of the central nervous system. Through these and other tests, the chemistry section primarily served the various bureaus and divisions of the Board of Health. There was a particularly close relationship with the chemist in Industrial Hygiene.

Concerning other examinations, there were 112 positive findings for *C. Diphtheriae* in 1954 as compared with 138 in 1953. Isolations of *S. typhosa* dropped from 85 to 62. Otherwise the findings on examination were very similar in 1954 to those in recent years.

The importance of reference diagnostic services is not indicated by numbers alone, since this has an important influence on quality of service in all laboratories. During the year, 453 cultures were received by the Central Laboratory for identification. Similarly it is common practice for many laboratories in the state to submit reactive syphilis serology specimens for check testing. Less frequently this service is called for in parasitology and only rarely in chemistry. These services to the various laboratories in the state should expand. The laboratories of the Communicable Disease Center accept reference diagnostic specimens when submitted by the Bureau of Laboratories. During the year supplementary or confirmatory tests were requested of the CDC on 469 specimens. Through these combined referral systems any laboratory in Florida may request and will obtain aid with any problem specimens in microbiology, and when the problem cannot be handled by the Central Laboratory, the excellent resources of the Communicable Disease Center are used. Reference diagnosis should become an increasingly important function of the public health laboratory.

SPECIAL STUDIES

It was practicable to designate a Chief of the Special Studies upon the return of Dr. Nathan Schneider in June. Heretofore these studies have continued as separate projects with less than the desirable amount of senior technical and professional leadership. Though past performance has been favorable, it is believed that progress in the future under such leadership will be even better.

There has been continued progress throughout the year in the investigation of salmonellosis. This involved further studies on the role of food processing in the spread of these infections. This work was supported entirely by a contract sponsored and approved by the Armed Forces Epidemiological Board.

The study of enteric infections in primates is closely related to the above in so far as technical procedures are concerned. The National Foundation for Infantile Paralysis maintains a "Monkey Farm" in an isolated community in South Carolina. Through the Commission on Enteric Infections of the Armed Forces Epidemiological Board, we were requested to advise concerning control of enteric infection which was a serious cause of loss of animals. Following preliminary studies in which the important role of *Shigella* was indicated we were asked to conduct a prolonged study and to evolve and apply effective control measures. To this end a small field laboratory was installed and three laboratory workers were employed to serve full time at the Farm. Members of this bureau and of the Division of Veterinary Public Health provided consultative guidance. The cost of this study was covered by a grant from the National Foundation for Infantile Paralysis which became available in July. Already there have been observations of scientific interest and practical importance. This work will continue at least through June 1956, subject to the provision of support from the NFIP. Primates are required for the preparation and the evaluation of vaccines for poliomyelitis, and it is essential that these animals be delivered alive and well to the medical laboratories using them.

One year ago the annual report included reference to the first diagnosis of rabies in bats in this country. This was done in our Tampa laboratories. There followed preliminary observations which established the occurrence of heretofore unrecognized endemic rabies in Florida bats. The need for further study was obvious. A research grant was requested of, and provided by, the National Institutes of Health, U. S. Public Health Service. A full time field investigator, Mr. Wm. L. Jennings, a Senior Biologist, previously associated with the Florida Fresh Water Fish and Game Commission, was employed on recommendation of that Commission. He had had broad field experience and through cooperative planning he continued to work in close association with the game wardens and biologists of the Game Commission. Through these established contacts, the tedious task of collecting bats for examination began promptly and has proceeded with unanticipated ease. From September 1, when the grant became available, over 800 bats were submitted for examination and most of these were shot on the wing. One of these "normal" bats thus far has been found infected with rabies. Other aspects of the investigation involve a study of the natural history of bats. Only through this can there be attained an understanding of the modes of spread of the infection and this knowledge is essential for planning of preventive measures. (For additional information, see the report of the Division of Veterinary Public Health.)

The above studies of infections spread from animals to man have been conducted with the cooperation of Dr. James E. Scatterday of the Division of Veterinary Public Health. The laboratory staff responsible also has given attention to other problems in veterinary public health. Studies of leptospirosis continued in cooperation with practicing veterinarians. There were an increasing number of requests for the laboratory diagnosis of infectious diseases of poultry. Specimens for anthrax were examined as requested by the representatives of the Florida Livestock Board. There has been evidence of psittacosis in parakeets and this called for laboratory confirmation. Many of these birds were received for examination. Fortunately the problem proved only of serious economic importance to the breeders and dealers; there were no confirmed cases of associated human disease.

The fourth special study supported by other than state funds was a continuation of observations on "Rapid Diagnostic Procedures" for the School of Aviation Medicine. Currently there is under evaluation a rapid test (read in 3 hours) which indicates the sensitivity of common pathogenic bacteria to various antibiotic and chemotherapeutic agents. The importance of such a rapid test in guiding therapy is evident.

In addition to these studies, the Bureau of Laboratories is taking a part in an investigation, under the direction of Dr. Simon Doff of the Division of Heart Disease Control of the causes of congenital malformations. One chemist will be devoting his time to the biochemical assays necessary to evaluate nutritional status as well as testing for infections which may be a factor in producing congenital malformations.

The gradual development of diagnostic services in virology is being started as a special study. Space for this work was available only after the move to the new quarters. The specialized equipment was purchased and installed late in the year. During 1955 limited diagnostic services in virology will be initiated gradually. As this expands more adequate animal facilities and additional laboratory personnel will be required.

The funds provided from outside sources for these "Special Studies" totaled almost $40,000. It has been a privilege and an opportunity to conduct these studies. The observations are of importance to public health in Florida as well as elsewhere. To develop and maintain a productive professional laboratory staff, some opportunity to advance knowledge is essential. Additional special studies of immediate practical importance to Florida are needed, as has been indicated above. The general budget for the bureau should be adequate to provide for these. The important place of outside funds is to supplement; they should not be expected to provide the entire support of special studies. Currently virtually all of the available budget is required for the diagnostic services. The personnel of the bureau would be remiss if they were content to do only one part of the essential work of a public health laboratory. Hence the need for reasonable though relatively modest support for special studies and for the consultative and educational services must be emphasized.

CONSULTATIVE AND EDUCATIONAL SERVICES

The annual report for 1953 included the first report of these services

as one of the three major divisions of the Bureau activities. Miss Carolyn Roth has been responsible for this separate activity from its beginning.

In substantial part this work is carried on through cooperation with other agencies or organizations. The annual "Workshops" for technologists is a major project. These represent planning and organization by the Extension Division, University of Florida and Miss Roth. The State Board of Examiners in the Basic Sciences, which has legal responsibility for examination of technologists for licensure and for general educational programs authorized by the licensing law, was another cooperating agency. Facilities for the workshops were provided by the University of Florida, Gainesville, and Barry College, Miami, and the University of Miami made available much of the laboratory equipment used in South Florida. These workshops provided a three day weekend of instruction, demonstration, and practical laboratory work. Technologists were divided for instruction in the subject of their choice into groups of approximately 15 students each. Five courses were arranged for each of the two workshops. The instructors for bacteriology in both of these were Miss Minnie Schreiber and Dr. Nathan Schneider of the bureau staff. The other guest instructors included physician-hematologists and clinical chemists from Florida and microbiologists from the laboratories of the CDC. The success of these "Workshops" stresses the merit of cooperative educational activities.

The spring meeting of the Florida Society of Medical Technologists is the second state-wide educational activity for technologists. As executive secretary of that organization, Miss Roth has carried much of the responsibility for planning and guiding this annual weekend conference. Distinguished scientists and teachers have been brought to these meetings who have both inspired and instructed the technologists. Undoubtedly, these and other educational activities for technologists are aiding materially in gradually improving the quality of medical laboratory service in the state.

During the year there were also local programs of instruction centered in the Regional Laboratories. A specialist from the V. D. Research Laboratory, U. S. Public Health Service, spent three weeks in the state critically reviewing serological procedures in all public health laboratories. Concurrently one evening meeting was arranged in each area for the general medical technologists.

In a similar manner, another specialist from the Environmental Hygiene Laboratories and Mr. Hugh Butner, Chief of Sanitary Bacteriology, visited all the branch laboratories. During this trip it was possible to contact some of the bacteriologists in dairy plants; on other occasions Mr. Butner gave consultative assistance in the dairy plant laboratories. The major educational program for bacteriologists working in these is arranged each spring and is held in Gainesville. From its beginning, Mr. Butner has carried much of the responsibility of planning. These sessions have brought together those working in control laboratories and in industry and has resulted in increasing understanding and good will.

The evolution of the serology standardization program and the beginning of similar work in other fields was described in the Annual Report of 1953. This work has continued but it has not been practicable to expand this time-consuming and important activity.

Due to the pressure of other responsibilities, the field trips to the Regional Laboratories and to the County Health Departments, chiefly by Miss Roth but also by other senior staff members, were not as frequent as would be desirable.

The bureau and the State Board of Health have received favorable recognition through the consultative assistance provided on request to national and international organizations. The director of the bureau continued to serve as Director of the Commission on Enteric Infections of the Armed Forces Epidemiological Board. He also was invited to be the Technical Consultant in Enteric Infections at the 14th Quadrennial Meeting of the Pan American Sanitary Bureau (Regional Office of WHO) in Santiago, Chile.

Revision as of January 1, 1955, of Previously Published List of Laboratories Approved for Premarital and Prenatal Serology

Removed

Sarasota Medical Laboratory, Sarasota
DuPont Clinical Laboratory, 1365 S. W. 1st. Street, Miami

Added

Alachua County Hospital, Gainesville
North Shore Hospital Laboratory, 9200 N. W. 11th Avenue, Miami
Northeast Clinic, 8281 North E. 2nd. Avenue, Miami
Durham Young Hospital & Clinic, 1027 W. Main Street, Leesburg
Dr. Leonard W. Appleby, 518-24 North Federal Highway, Lake Worth
Fish Memorial Hospital, Deland
North Florida Medical Laboratories, 1016 LaSalle Street, Jacksonville
Scott Medical Laboratory, Sunrise Theater Building, Ft. Pierce
Singer Clinical Laboratory, 2990 Coral Way, Coral Gables

Articles by Staff Members

1. Hardy, Albert V. Guiding considerations in planning laboratory service. The Public Health Laboratory 12, 53-61, May 1954.

2. Galton, Mildred M., Lowery, Willa Dean, and Hardy Albert V. *Salmonella* in fresh and smoked sausage. Jour. Inf. Dis. 95:232-235 Nov.-Dec. 1954.

3. Galton, Mildred M., Smith W. V., McElrath, Hunter B. and Hardy, Albert V. *Salmonella* in swine, cattle and the environment of abattoirs. Jour. of Inf. Dis. 95: 236-245 Nov.-Dec. 1954.

4. Galton, Mildred M., Edwards, P. R., Fife, Mary A. and Lewis, A. A. new *Salmonella* serotype. The Public Health Laboratory, 12: 147-148. Nov. 1954.

5. Senturia, B. H., Cross, R. J., Lett, J. E. and Hardy, A. V. An evaluation of certain therapeutic agents and procedures in the treatment of acute diffuse otitis externa. The Laryngoscope 64: 1001-1019, Dec. 1954.

6. Hardy, A. V., Mitchell, R. B., Schreiber, M., Hoffert, W., Yawn, E. and Young, F. Bacteriological studies of otitis externa 1951, 1952 and 1953. The Laryngoscope 64: 1020 — Dec. 1954.

7. Schneider, N. J. and Cheever, F. S. Growth of vaccinia virus in X-radiated chick embryo tissue as studied in tissue culture. Proc. of Soc. for Exp. Biol. & Med. 86: 591-594, 1954.

8. Killinger, Wm., Wynn, M. and Young, F. A case of otitis externa apparently caused by *Salmonella* Florida. The Laryngoscope 64: 689-690, Aug. 1954.

9. Hardy, Albert V. Control of infant diarrheas in the light of recent scientific progress. Proceedings of XIV Pan American Sanitary Conference, Santiago, Chile, Oct. 1954.

TABLE 36
TOTAL NUMBER OF EXAMINATIONS PERFORMED BY LABORATORIES, 1948 - 1954

LABORATORIES	YEAR						
	1948	1949	1950	1951	1952	1953	1954
Jacksonville Central	845,957	868,359	924,276	1,034,614	1,046,571	1,008,584	940,521
Tampa Regional	440,172	445,022	449,490	461,872	454,122	425,492	435,850
Miami Regional	364,739	417,908	447,943	446,462	469,289	380,253	473,812
Pensacola Regional	112,486	128,655	129,266	124,995	145,688	127,639	114,192
Tallahassee Regional	76,691	93,435	112,641	104,843	114,431	123,306	125,634
Orlando Regional	19,727*	50,208	88,478	132,662	146,606	132,908	122,302
W. Palm Beach Regional					15,578†	86,251	174,501
Pinellas County	11,700*	21,317	30,529	26,784	30,011	28,765	21,751
Volusia County				12,463	15,317	8,494	7,983
Melbourne Hospital	48,776	38,564	25,884	23,614	11,303*		
Total Examinations	1,930,248	2,063,468	2,208,502	2,368,309	2,448,916	2,316,642	2,416,546
Total Specimens	††	1,002,768	1,072,772	1,071,077	1,088,576	1,060,153	1,132,967

*6 months operation.
†3 months operation.
†† Data unavailable.

TABLE 39
VARIATION IN POSITIVE OBSERVATIONS FOR TUBERCULOSIS BY SEASON

Season	Examined	Positive		Expected Positives	Expected but undiscovered Positives
		No.	Per Cent		
Winter (Nov.-Mar.)	10,438	1,348	12.9	1,348	0
Fall & Spring (Sept., Oct., Apr., May)	9,018	920	10.2	1,163	243
Summer (June-Aug.)	5,802	464	8.0	748	284
TOTALS	25,258	2,732	10.8	3,259	527

TABLE 37
EXAMINATIONS PERFORMED BY LABORATORIES, 1954

	Jacksonville	Tampa	Miami	Pensacola	Tallahassee	Orlando	Daytona Beach	Pinellas	West Palm Beach	Totals
SEROLOGY	474,843	279,443	371,185	77,000	54,043	53,733			47,007	1,357,204
Syphilis	9,266	1,189	2,751	507	357	1,080	8		599	15,707
Agglutinations & Related Tests	3,712	4,603	3,331	921	974	376	4		1,133	15,054
Blood Typings (Rh)			537	471	43	494	52		144	8,323
DIAGNOSTIC BACTERIOLOGY	5,011	1,671	17,411	5,988	5,285	3,998	105		42,609	120,120
Diphtheria and Associated Infections	77,611		9,489	1,824	2,768				326	92,007
Tuberculosis	18,100		2,789	3,650	22,732	18,245	410	26	4	29,730
G. C.—Smear	3,666	40,804	28		8	78	1	5	2,488	105,698
Culture	37,177	12,034	1,098	46	67	31	71		18	6,589
Enteric	6,382	18,202	132	219		198			240	2,571
Blood Culture	850	79								1,962
Food Poisoning	935	183	2,084	1,091	430	14,718	244		3,510	781
Rabies (Microscopic)	781	483								35,454
Mouse Inoculation	11,653	1,874	8,756	9,327	11,636	14,399	826		2,586	138,101
Miscellaneous			59	80	52	8				762
SANITARY BACTERIOLOGY	15,255	33,934	81,877	5,418	18,767	8,539	3,660	7,858	19,655	144,958
Dairy Products	15,966	9,228	11,681	2,818	4,938	3,699	557	8,830	19,922	77,689
Water, Drinking & Pools	10,867	3,121	4,269	3,096	2,323	2,125	16	4,961	7,161	37,928
Pollution Surveys	1,477	47				170	80	67		1,574
Shellfish	2,882				95		1,646	9		4,799
Utensils										
PARASITOLOGY	66,751	23,820	1,324	1,738	1,088	382	232		818	18,085
Intestinal Parasites	394	209	870	64	98	18			24	6,255
Malaria	1,446		3,548			21	121		3,804	3,584
MYCOLOGY										1,811
CHEMISTRY	8,485	4,684	713	1,738	1,088	382	232		818	18,085
Blood	5,241	342	488	64	98	18			24	6,255
Spinal Fluid	31		67			21	121		3,804	3,584
Urine	487		1,324							1,811
Toxicology	1,798		870			26		26		2,215
Water	5,778		3,548					5		9,326
Other	32,330									32,330
VETERINARY PUBLIC HEALTH	29,508									29,508
SPECIAL RESEARCH PROJECTS	19,304									19,804
Salmonellosis	64,240									64,240
Okatie Farms	810									810
Sensitivity (Antibiotic)	2,599									2,599
Sensitivity (Special Projects)	5,150									5,150
Bat Rabies									22,455	22,455
Miscellaneous Cultures (DMC)										
Other										
GRAND TOTALS	940,521	485,850	473,812	114,192	125,634	122,302	7,988	21,751	174,501	2,416,546

TABLE 38
SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

Examination	Positive Specimens: One or More Positive Findings	Positive Specimens: Positive for Findings Indicated	Negative	Unsatisfactory	Total Specimens
SEROLOGY					
Syphilis	53,202		613,556	13,144	679,902
Agglutinated and Related Tests	600		4,732	251	5,583
Typhoid		360			
Typhus		33			
Brucellosis		73			
Tularemia		16			
Heterophiles		91			
Other		30			
Blood Typings (Rh)					13,789
DIAGNOSTIC BACTERIOLOGY					
Diphtheria and Associated Infections	568		3,363	8	3,939
C. diphtheria		112			
Vincents		134			
Streptococci		133			
Other		243			
Tuberculosis	5,290		33,004	2,623	40,917
Sputum		5,073	30,101	2,538	
Urine		5	421	4	
Gastric		142	1,844	27	
Pleural Fluid		12	111		
Exudate		14	113	1	
Other		44	414	53	
Animal Inoculation		35	26		61
Gonorrhea—Smears	25,874		26,364	349	52,587
Intracellular Gram negative diplococci		5,252			
Extracellular Gram negative diplococci		1,846			
Trichomonads		5,049			
Yeasts		1,657			
Vincent's Organisms		585			
Many Pus Cells		12,816			
Gonorrhea—Cultures		1,600	24,976	747	27,323
Enteric Infections	355		34,022	241	34,618
S. typhosa		62			
Other Salmonella		182			
Shigella (Flexner & Sonnei)		67			
Blood Cultures	68		493	2	564
Salmonella		1			
Brucella		0			
Other		59			
Food Poisoning	109		95		204
Staphylococci		32			
Other		123			
Rabies (Total)	89		937	38	1,092
Dogs		23			
Cats		11			
Racoons		16			
Foxes		19			
Skunks		2			
Cattle		16			
Horses		1			
Bat		1			

TABLE 38 (continued)

SPECIMENS SUBMITTED FOR EXAMINATION BY FINDINGS

Examination	Positive Specimens		Negative	Unsatisfactory	Total Specimens
	One or More Positive Findings	Positive for Findings Indicated			
DIAGNOSTIC BACTERIOLOGY, Cont.					
Miscellaneous					
Darkfield—T. pallidum		19	85	11	115
Chancroid—Ducrey's		63	14	2	79
Granuloma—Donovan Bodies		11	63		74
Gonococcus in Eye		35	64	1	100
Other Eye Smears		229	38	9	276
Other Eye Cultures		62	37		99
Urine Cultures		867	306	1	1,174
Spinal Fluid Cultures		20	50	2	72
Plerual Fluid Cultures		28	37		65
Other Fluids & Exudates		484	141	1	626
Mycological Examinations		340	256	8	604
Organisms for Identification		412	38	3	453
Other Examinations		643	723	15	1,381
SANITARY BACTERIOLOGY					
Dairy Products					26,918
Water, Drinking & Pools					49,095
Water, Pollution Surveys					5,474
Shellfish					89
Utensil Swabs					1,746
PARASITOLOGY					
Intestinal Parasites	32,937		102,273	1,292	136,502
Hookworm		16,537			
Ascaris		6,961			
Enterobius		3,858			
Trichuris		791			
Taeniae		0			
Other Helminths		79			
E. histolytica		1,575			
Non-pathogenic ameba		5,655			
Flagellates		4,546			
Other		306			
Malaria	4		374	10	388
P. vivax		4			
CHEMISTRY					
Blood					18,986
Spinal Fluid					3,136
Urine					452
Water					820
Toxicology & Narcotics					1,083
Other					8,799
VETERINARY PUBLIC HEALTH					
Specimens Examined	1,073		2,100	60	3,233
SPECIAL RESEARCH PROJECTS					
Salmonellosis	1,152		316		926
Okatie Farms	1,536		3,234	2	4,772
Bat Rabies			795	5	780
Misc. Cultures (D.M.C.)					515
Other					0
Sensitivity (Antibiotic)	1,928		619	35	2,582
Sensitivity (Spec. Projects)					74
Sensitivity (Tuberculosis)					900
GRAND TOTAL SPECIMENS REC'D					1,132,967

MISSING
PAGE(S)

addition, certain changes in the rules and regulations governing the practice of midwifery were approved by the State Board of Health. They will be ready for distribution in the very near future.

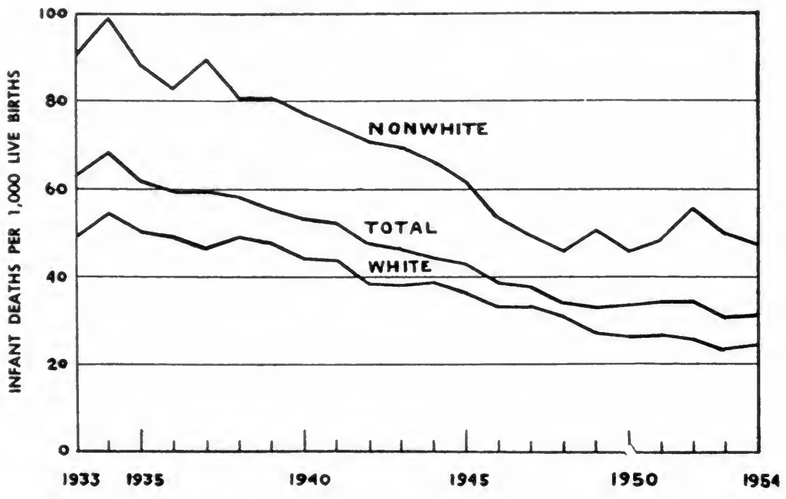
The continuing decline in maternal mortality certainly reflects the continuing interest and untiring efforts of physicians, health departments, nurses and midwives in providing better maternity services. It has been clearly demonstrated that hospital deliveries and adequate prenatal care definitely produce lower maternal mortality rates. Undoubtedly, the increasing interest of physicians, hospitals and health departments in developing low cost maternity plans for low income groups is playing a decisive role in this picture. Unfortunately there is no adequate method of reporting the development of these services, but informal reports from various communities indicate that several communities initiated low cost maternity plans during the past year. These plans usually provide for delivery in the hospital with an average stay of twenty-four to forty-eight hours at a reduced rate, with the physicians agreeing to deliver the cases on a rotating basis for a nominal fee, or in some instances free, depending upon the circumstances. Prenatal care is furnished either by private physicians or by the health department.

A number of County Medical Societies are reviewing maternal deaths occurring within the county as in the past and this is certainly to be encouraged. For the most part, the active committees are in the larger counties and unfortunately it does not seem to be favorable for these committees to operate in the smaller counties. There has been interest on the part of some obstetricians in establishing committees to review all maternal deaths at the state level, possibly the Maternal Welfare Committee of the Florida Medical Association. This has been discussed and it is hoped that some definite plan of action can be reached within the coming year.

The Annual Tri-State Obstetric Seminar was again held in Daytona Beach September 13-14-15. The attendance at this meeting was the largest on record with increased participation from all three states — South Carolina, Georgia and Florida — which was in part due to a special grant of funds from the U. S. Children's Bureau to pay part of the expenses of a select group from each of the three states. Attending the Seminar were 179 physicians, 96 nurses and 7 others, making a total attendance of 282 persons who came from the following states: Florida 214, Georgia 40, South Carolina 17, and 11 from other states. The Seminar is sponsored by the Bureaus of Maternal and Child Health of the three State Health Departments, and the Maternal Welfare Committees of the three State Medical Associations. The program, as in previous years, presented a group of outstanding physicians in the fields of pediatrics, obstetrics, gynecology, and urology. This seminar is gaining in popularity with each year. Comments from all quarters are uniformly favorable and all sponsors are agreed upon continuing it on a permanent basis.

FIG. 3

RESIDENT INFANT DEATH RATES (PER 1,000 LIVE BIRTHS)
BY RACE, FLORIDA 1933 - 1954



INFANT HEALTH

Infant mortality in Florida has not shown a decline parallel to that being experienced in maternal mortality and the causes for this are not clear. The provisional rate for infant mortality in Florida for 1954 was 31.2 per 1,000 live births, which is about the same as the rate of 31.1 in 1953. The apparent increase is in the white group rather than in the nonwhite group, which is in contrast to the experience in 1951-52 when there was a significant increase in infant mortality in the nonwhite group for two consecutive years. Florida's infant mortality is considerably higher than that reported for the United States as a whole, which was estimated in 1953 to be 27.8 deaths per 1,000 live births.

The medical profession (especially the Florida Pediatric Society) is exhibiting increasing interest in infant mortality. Various plans for studying causes of death and the various factors influencing them are being discussed at the present time. It is hoped that eventually some method of investigating infant deaths similar to that now being used in the field of maternal mortality can be initiated. Several health departments with high infant mortality rates are attempting to make studies of this problem, especially to determine to what extent services and facilities are available to these children and to what extent they are being utilized when available.

The Premature Demonstration Center at Jackson Memorial Hospital, Miami, has continued to operate throughout this year at full capacity.

Reports indicate that the case load in Dade County has been so high that it has frequently been impossible to secure admission for some cases from adjoining counties. The annual report of the Center is not available at this time; however, informal discussions with the staff indicate their experience in 1954 has been similar to that in 1953. The new Professor of Pediatrics at the University of Miami School of Medicine was appointed during the year and plans are continuing for utilizing the Center as a teaching facility for the Medical School. It is hoped that this will eventually permit the development of a formal training course at the Center, designed primarily for nurses and pediatricians interested in care of the premature infant. During the year the Center has been used as a local demonstration facility for nurses and physicians, and has been visited by large numbers of professional personnel from foreign countries, especially the Caribbean. Also, many physicians and nurses attending meetings in the Miami area have visited the Center and attended its staff meetings. At least five new premature nurseries in other areas in the state have either been opened or will soon be opened, and numerous requests for information and financial assistance have been received from others interested in developing this type of service. Neither state nor federal funds have been available for this purpose during the year; however, some equipment in the form of Isolettes and incubators were distributed to hospitals developing special premature services.

Complete reports from county health departments are not available at this time; however, monthly reports during the year have indicated that children's services have continued to operate at about the same level as in the past. Certain counties, (especially Escambia which is giving special attention to well child conferences), report greatly increased attendance at these clinics. Discussion concerning the possibility of incorporating mental hygiene concepts in the well child conference has continued with members of the nursing profession where interest is high; however, shortage of nursing personnel and lack of time have prevented effective use of these techniques. The Division of Public Health Nursing and the Division of Mental Health have held a series of regularly scheduled conferences, which among other things have attempted to develop closer working relationships between the health departments and child guidance clinics, and to encourage the use of public health nurses by the clinics as a resource in the treatment and management of certain types of emotionally disturbed children.

SCHOOL HEALTH

The efforts of the Bureau of Maternal and Child Health in the field of school health have largely centered around promotion of Bulletin 4-D which outlines Florida's School Health Program. This bulletin is still in the process of being distributed by the State Department of Education, and continued efforts are being made to involve both school and health department personnel in its use, and particularly to

secure increased teacher participation in the school health program. The consultant on health of the State Department of Education and the director of this bureau worked together during the early months of 1954 in visiting counties and developing joint meetings between health departments and schools, emphasizing the use of Bulletin 4-D and evaluating current programs. This practice could not be continued throughout the year because of the absence of the school health consultant; however, it is hoped to resume it during the coming year.

All indications are that the school health programs of county health departments have expanded during the year. There has been continued emphasis on health supervision of school children by private physicians wherever possible. Health departments have, for the most part, attempted to shift the activities of the school health program to the health departments offices and clinics for examinations, immunizations, etc. Public health nurses for the most part have continued to maintain a regular schedule of visits to the schools within their areas but have attempted to secure improved screening by teachers so that fewer children are actually referred for service.

All county health departments now have audiometers and indications are that the hearing program in the schools is improving.

The continued expansion of the exceptional child program is proving to be especially helpful to the school health program in that much needed services for handicapped children are being gradually extended to more of the smaller counties. In the past the screening of school children for physical and other defects was often a waste of time because no facilities were available for correction or service.

HEALTH SERVICES FOR MIGRATORY AGRICULTURAL WORKERS

In May 1953 the director helped to plan and later participated in the East Coast Migrant Conference, sponsored by the U. S. Children's Bureau, U. S. Public Health Service, and the U. S. Department of Education, and held in Washington, D. C. This conference, financed by the Field Foundation, provided an opportunity for professional workers in the fields of health, education, welfare and labor from ten Eastern Seaboard states to meet for three days and review the problems of this group and to plan for certain interstate approaches. The conference was well attended by representatives from Florida which received considerable attention as the host state or "jumping off" point for the East Coast migrant stream. A number of recommendations growing out of this conference have since been implemented by joint action of those attending and further activities along these lines are still being planned. One such activity would establish an Interagency Committee on Migrant Labor.

In August 1954, the Speaker-Designate of the House, requested the Broward County Tuberculosis and Health Association to sponsor a meeting on problems of migrant labor and this was eventually held in Hollywood. As a result of this the Citizens Committee on Migrant Labor was set up. This committee, because of lack of time, has limited its activity to the field of health and is primarily interested in developing a legislative program designed to correct problems in the field of health, housing and sanitation. The staff of this bureau assisted in the planning of this meeting and the director was appointed to the committee.

Early in 1954 and prior to the East Coast Migrant Conference, the Bureau of Maternal and Child Health and the Children's Bureau planned a special project to be devoted to the health problems of migratory agricultural workers and as a result, the Children's Bureau approved a special grant to assist in financing this project for three years. Dr. Earl L. Koos, Professor of Social Welfare, Florida State University, Tallahassee, consented to serve as a consultant to the project but because of illness could not participate until October. In the meantime, it was not possible to provide a suitable staff for the project until August. After several months devoted to a study of the overall program, a special project has been designed for 1955 which will attempt to identify a selected group of families of these workers and will provide them with all the health services possible and furnish each family with a special health record which will travel with them during their migration. A detailed description of this project will be found in next year's annual report.

DIVISION OF MENTAL HEALTH

PAUL W. PENNINGROTH, Ph. D., Director

The Division of Mental Health has completed 15 months of its existence and its first full year of operation. Developments have been many; new clinics have been established, existing clinics strengthened, a pilot study of a plan to provide rural counties with mental health services has been initiated, training and other conferences held, surveys, planning, and educational programs carried out, and consultation services have been provided to agencies, institutions, and individuals.

This division is concerned primarily with prevention, with the building of social forces, with the nature of human relationships, and with community programs for the maintenance and strengthening of emotional and mental well-being. It attempts to bring together varied interests in mental health and to strengthen them. It listens to the various expressions of needs in mental health and tries to build programs or to give assistance to others which may resolve the needs to some degree. There are many specific activities which may help to accomplish this.

I. MENTAL HEALTH CENTERS OR CHILD GUIDANCE CLINICS

One of the major functions of the Division of Mental Health is to provide assistance to mental health centers. At present there are 13 clinics which have evolved locally to meet community needs. No common pattern or organization is present. Some are an integral part of the local health unit and some are operated as university training centers. Most of them are governed by community boards of directors. Regardless of the type of organizational pattern, the division provides financial assistance from U. S. Public Health Service grants and from an appropriation made by the State Legislature in 1953. It carries on a training program and makes available to the clinics a team of consultants. As the state mental health authority it acts as a resource for and as a liaison with the clinics. Personnel standards are set by the Florida Merit System. The clinics report their activities annually.

A. *New Clinics:*

Three new clinics were opened during the year. In March, the Palm Beach County Child Guidance Center opened its doors in the Palm Beach County Health Department. Later because of inadequate space, they had to rent quarters elsewhere. The staff includes a full-time psychologist-director, a secretary, and a part-time psychiatrist. Funds were supplied from the State Board of Health, County Commissioners, Schools and local contributors. Funds are available for a psychiatric social worker, but the position has not yet been filled.

In June, the Escambia County Child Guidance Clinic opened in quarters made available by the county school system. The staff includes a director-psychologist, a psychiatric social worker, a secretary and a part-time psychiatrist. Many individuals and firms donated materials and labor to equip the clinic. Funds were secured from the State Board of Health, the public school system and local organizations.

The Bay County Child Guidance Clinic opened in August in Panama City in a barracks-type building provided by the public school system and renovated through labor and material donations. The staff included at first only a psychologist-director and a secretary. In November, a psychiatric social worker was employed. Services of a psychiatrist have not been found as there are none within a radius of 100 miles. Funds were secured from the State Board of Health, public schools, clubs and municipalities.

These three clinics are similarly organized as independent agencies operating under the direction of a board of directors consisting of professional and lay residents. County health officers serve on the boards.

B. *Clinics opened before January, 1954:*

The ten clinics, (Broward Mental Hygiene Clinic, Inc., Ft. Lauderdale; Dade County Child Guidance Clinic, Miami; Duval County Child Guidance Clinic, Jacksonville; Hillsborough County Child Guidance Center, Tampa; Human Relations Institute, Tallahassee; Orange County Child Guidance Clinic, Orlando; Florida Center of Clinical Services, Gainesville; Pinellas County Child Guidance Clinic, St. Petersburg and Clearwater; Polk County Guidance Center, Bartow; Mental Health Division of Volusia County Health Department, Daytona Beach), have carried on their activities of diagnosis, treatment, education, training, consultation and research. There have been changes in personnel, new staff employees added and usually a sharpening of definition of functions.

1. *Reports:*

An outstanding achievement was the adoption by all the clinics of a uniform statistical report developed by the Biometrics Division of the National Institute of Mental Health. For the first time, there is a nation wide, uniform system permitting comparison. Since the system was put into effect in July, the statistical report represents only the work done in a six-month period. The Florida Center of Clinical Services consists of five clinics, (Psychology, Speech and Hearing, Reading Laboratory, Adapted and Corrective Exercises, Marriage and Family), with activities integrated through the office of the Coordinator.

2. *Discharged Patients:*

At the end of each month the clinics report all patients whose cases are terminated during the month. Tables 40 and 41 present this information for the six-month period beginning July 1, 1954. In the tables for the Florida Center of Clinical Services, only the Psychological Clinic's off-campus patients are reported. This, of course, does not include the volume of cases seen by all 5 clinics of the Florida Center of Clinical Services in Gainesville. Of the total of 1559 discharged patients, nearly 40 per cent were referred by schools and 17 per cent were self-referred. Diagnostic service is the most frequent type of service given.

There are nearly twice the number of white males seen as white females, whereas there are the same number of non-white males and females. Forty-five per cent of the diagnoses were personality disorders. Twenty per cent were mental deficiencies. Children of ages 5-9 comprise nearly 40 per cent of the total patients seen with 25 per cent found in the 10-13 age group. Nearly 14 per cent were over 18 years of age.

3. *Clinic Community Services:*

Each year the clinics report the community services performed during the month of November. From this, we learn that 148 talks and lectures were given by clinic staff members. There were 83 group study sessions, 46 radio and television programs and newspaper articles, with 144 visitors to the clinics. One hundred-fifty hours were given to in-service training of school, social welfare and health personnel. There were 174 consultations and conferences with schools, 50 with courts and probation officers, 42 with social and welfare agencies, 37 with health agencies and 35 with other agencies. Seventy-four hours were spent in community planning and coordination. Altogether the clinics in November spent nearly 1,000 hours on community services.

4. *Staff Members:*

There are two full-time psychiatrists, 21 psychologists and 13 psychiatric social workers on the staffs of the clinics. Part-time workers include 12 psychiatrists, 9 psychologists and 5 psychiatric social workers. During the year 2 budgeted positions for psychiatric social workers, one for psychologist and one for a part-time psychiatrist was unfilled.

5. *Financial Support:*

Funds to operate the clinics continue to be secured from many sources. Principal contributors are governmental bodies, (Federal, State Board of Health, State Department of Education, County Commissioners) Community Chests, clubs and civic organizations.

Nine clinics have a limited system of fees. Approximately $350,000 was spent from federal, state and local sources. This averages ten cents for each citizen in Florida.

6. *Age Range of Service:*

Eight of the clinics have no age limit for service and 5 limit services to children and their parents.

C. *Meetings:*

Each year the professional staff members of the clinics meet to discuss common problems, share experiences, and make plans to meet needs more adequately. Several specialists from the National Institute of Mental Health served as consultants at the 1954 meeting held in St. Petersburg.

D. *Problems:*

A developing program constantly faces growing pains as new problems emerge. The principal difficulty encountered was the continuation of heavy demands for services which cannot be met by the present number of staff members.

There was also need:

1. For increased personnel, particularly psychiatrists and psychiatric social workers.
2. For a more systematic form of financing.
3. To define relationships with county health units and the Division of Mental Health more clearly.
4. To determine the most appropriate division of efforts to carry out the functions of the clinics. (How much time should be spent on mental health education, how much on long or short term treatment, etc.)
5. For a formula for determining the amount of matching funds to be raised in local community.
6. To develop more effective ways of communication between clinics and referral sources.

E. *Additional Clinics:*

There has been considerable publicity about establishing additional clinics. The recommended standard of 1 clinic for each 100,000 people would mean a total of 35 clinics. If the money were available, it would be difficult to find adequately trained personnel to staff this number. However, several areas have expressed a strong desire to secure a clinic. Ft. Pierce, Arcadia, (as a center for several counties) and Sarasota-Manatee have held meetings to consider ways and means of establishing clinics.

II. TRAINING

The demand for training in human relationships and for understanding of mental health principles has continued. The Division of Mental Health has attempted to meet this demand in several ways:

A. *Workshops:*

Three-day workshops in human relations have been held in Sarasota, Orlando, Key West, Jacksonville and St. Petersburg. Two each were held in Sarasota and Jacksonville. Participants included such front-line mental health workers as nurses, teachers, principals, social workers, psychiatrists, psychologists, ministers and group work leaders. A one-day follow-up workshop for previous workshop participants was held in St. Petersburg.

B. *Group Dynamics:*

A one-week workshop on group process dynamics was held for representatives from the clinics and State Department of Education. Consultants from the Regional Office of the U. S. Public Health Service were the leaders.

III. PSYCHIATRIC NURSING

A. *Planning:*

As a result of surveys conducted during the year, the division initiated a number of state-wide nursing conferences and planning sessions with the Florida Board of Nurse Registration and Nursing Education to discuss psychiatric and mental health nursing. Not only did these conferences confirm personnel shortages but needs for training and leadership were highlighted. As a result of this, "work groups" were organized to coordinate planning with other groups.

B. *In-Service Training:*

Assistance with in-service study and training, to public health agencies as well as to schools and hospitals staff groups, continued as in former years. Workshops on a multi-discipline basis were organized with the assistance of local mental health clinic directors and nurses to meet some local needs. Assistance was given in the planning and development of "seminars" in group process involving personnel drawn from other bureaus and divisions; also to Boards of Public Instruction in pre-school conferences, workshops and to teacher associations.

IV. TRAINING AND RESEARCH

The Southern Regional Education Board, at the direction of the Southern Governors' Conference, appointed a Commission on Mental Health Training and Research. Headed by the Governor of Tennessee, this commission included Dr. W. T. Sowder, State Health Officer. In turn a committee of nine was appointed by Acting Governor Charley E. Johns, which included the director of this Division, who acted as chairman. The Division of Mental Health financed the costs of the committee in Florida.

Sixty-two questionnaires were returned by agencies, institutions, and individuals which gave information concerning existing vacancies for psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses. Training programs and training possibilities were determined. Research in progress, facilities, trained personnel for research available in the state, and research interests were identified.

V. STATE-WIDE PLAN

Continued insistent demands for mental health clinical services in the smaller counties not having a mental health center have increased. A plan to provide a limited clinical program for rural counties has been devised to meet this need. In December, a pilot study in DeSoto, Hardee and Charlotte Counties was launched. In brief, the plan calls for the placement of a mental health worker in a rural county to be attached to the local health unit and a nearby mental health center. The worker

will carry on mental health education; provide resource information and furnish consultation services to parents, teachers, nurses, doctors, ministers; to serve as liaison for a limited service program by a nearby mental health center for selected patients, and for in-service training. It is hoped that this program will provide some mental health services not now available in 54 of Florida's 67 counties.

VI. CONSULTATION

The Division of Mental Health makes its services available on a consultation basis to any group or individual in the state requesting consultation. Most requests come from clinics and communities wanting to set up some form of mental health service. A few examples are:

A. *Florida Farm Colony:*

The expansion of a psychological unit and development of a more effective training program has been started at the Florida Farm Colony in Gainesville. The Consultant from the Regional Office of the U. S. Public Health Service in Atlanta and the staff of the Division of Mental Health have attended several meetings.

B. *Nurses*

Almost spontaneous has been the development throughout the State of great interest in the training of nurses and especially of their understandings of mental health. Consultation service has been given to various nursing groups.

C. *Florida Association for Mental Health*

Consultation service has been made available to the Board of Directors of the Florida Association for Mental Health.

VII. EDUCATIONAL ACTIVITIES

There is a constant need for more information and knowledge about mental illness and mental health. The need varies from general information to specific skills and training. Education in mental health is carried on by many groups, agencies and individuals, including this division. Educational activities have been varied.

An issue of Health Notes, on Mental Health entitled, "Clinics and Hospitals or Jails" was distributed as were pamphlets and bulletins on this subject.

Members of the staff participated in many programs and conferences, such as Juvenile Court Judges Association, Citizens Conference on Mental Health, Florida Psychological Association, Florida Association for Mental Health, etc. They also have made talks and participated in panels throughout the state, often using State Board of Health films.

A delegation of seven represented Florida at the Institute on Mental Deficiency held in Nashville, Tennessee which was co-sponsored by the Department of Mental Health of Tennessee and Region IV of U. S. Public Health Service.

VIII. STAFF

The staff of the Division of Mental Health has been enlarged in keeping with the "team" concept as the most efficient and effective unit in a mental health center. The staff now consists of a psychologist, a psychiatric social worker, a psychiatric nurse and a part-time psychiatrist.

SUMMARY

Although the problems of mental illness and mental health remain acute in Florida, (insufficient number of hospital beds, inadequate care for the feeble-minded, lack of facilities for residential care of emotionally disturbed children under 15 years of age, lack of an adequate number of trained personnel, insufficient funds, absence of a research program, need for more clinics, etc.), a number of satisfying features are present. Interest and concern in the state to provide better institutional programs and to develop a preventive program are at a high level. More funds are being made available. The degree of cooperation of state agencies and groups operates at a high level. More trained personnel are now found in the state. There is a forward looking quality present in the consideration given to solution of problems.

TABLE 40

FLORIDA CHILD GUIDANCE CLINICS
DISCHARGED PATIENTS BY CLINICS, TYPE OF SERVICE, CONDITION ON TERMINATION, REASON FOR DISCHARGE AND REFERRAL SOURCE, FLORIDA CLINICS, JULY 1 TO DECEMBER 31, 1954

CLASSIFICATION	State	Alachua*	Bay†	Broward	Dade	Duval	Escambia†	Hillsborough	Leon	Orange	Palm Beach†	Pinellas (St. Pete)	Pinellas (Clearwater)	Polk	Volusia
TOTAL PATIENTS	1,559	84	33	67	115	151	57	141	102	130	65	183	25	191	215
TYPE OF SERVICE															
Diagnosis and Treatment	385	2	8	47	12	36	6	50	38	35	10	28	2	91	20
Diagnosis Only	712	82	25	20	33	87	44	50	55	74	34	87	12	79	30
Adoption Study	44					10	1	3	1	1		22		6	
Other Service	418				70	18	6	38	8	20	21	46	11	15	165
CONDITION ON TERMINATION															
Improved after Treatment	277	1	8	31	7	23	5	33	23	32	6	24	2	66	16
Unimproved after Treatment	98			15	5	10	1	17	11	3	3	4		25	4
Not Treated	1,184	83	25	21	103	118	51	91	68	95	56	155	23	100	195
REASON FOR DISCHARGE															
Completed Services	848	19	5	24	42	68	31	60	53	108	30	150	24	81	153
Referred Elsewhere	257	18	13	13	20	28	12	29	15	6	9	2		72	20
Left Town	56	1		8	5	10	2	6	6	3	1	2		6	6
Did not Return	398	46	15	22	48	45	12	46	28	13	25	29	1	32	36
REFERRAL SOURCE															
Self or Family	263	4	11	28	5	42	19	47	8	24		53	11	8	3
School	598	57	7	12	91	23	5	28	18	57	22	38	6	87	147
Court	107		3	5	2	9	7	9	2	12	28	13	1	19	2
Agency	281	8	1	2	4	52	17	20	38	18	7	61	5	32	16
Physician	174	7	11	16	11	22	8	20	14	14	11	14	2	8	16
Other	186	8		4	2	3	1	17	22	5	2	4		37	31

* Terminated off-campus patients of the Psychology Clinics of the Florida Center of Clinical Services.
† Newly established clinics with partial staff and services in the process of being established.

TABLE 41
FLORIDA CHILD GUIDANCE CLINICS
DISCHARGED PATIENTS BY AGE, RACE, SEX AND DIAGNOSIS,
JULY 1 — DECEMBER 31, 1954

DIAGNOSIS	Total Patients	AGE					RACE AND SEX			
							White		Non-white	
		0-4	5-9	10-13	14-17	18-	Male	Female	Male	Female
TOTAL PATIENTS	1,559	144	593	393	214	215	873	572	57	57
ACUTE BRAIN DISORDERS	2	1			1		1			1
With Infection	3			1			1	2		
With Trauma	2		2				1	1		
With Convulsive Disorder	1				1			1		
With Unknown Cause										
CHRONIC BRAIN DISORDERS	27	5	19	2	1		16	9		2
Due to Prenatal Conditions	14	4	6	4			9	4		
With Intracranial Infection	30	7	17	4		2	15	10	1	3
With Trauma	2		1			1		1	2	1
With Circulatory Disturbance	21	3	7	5	3	3	11	7	2	1
With Convulsive Disorder	3	1			1	1		3		
With Disturbance of Metabolism, etc.	13	2	4	4	2	1	7	4	6	
With Unknown Cause									6	
PSYCHOTIC DISORDERS	1					1		1		
Involutional Psychotic Reaction	3					3	1	2		
Affective Reactions	20		2	2	6	11	8	12		
Schizophrenic Reaction	1							1		
Ill-Defined		1								
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS										
Musculoskeletal Reaction	1			1			1			
Respiratory Reaction	3		1	1	1		2	1		
Gastrointestinal Reaction	4		1	1	1	1	2	1		
Nervous System Reaction	1									
Reaction of Organs of Special Sense	1									
PSYCHONEUROTIC DISORDERS	73	1	11	11	18	37	32	38	1	2
Psychoneurotic Reactions										
PERSONALITY DISORDERS	55		4	10	11	30	28	24	1	2
Pattern Disturbance	112	1	26	32	20	33	68	43		1
Trait Disturbance	27		1	6	8	12	23	2	1	1
Sociopathic Disturbance	159	5	102	42	7	3	106	44	6	3
Special Symptom Reaction	350	14	146	106	49	35	208	141	6	
Transient Situational Disturbance										
MENTAL DEFICIENCIES	136	11	53	41	27	4	55	44	17	20
Familial or Hereditary	157	16	72	39	25	5	75	59	11	12
Idiopathic										
NO PSYCHIATRIC DISORDER	51	14	14	11	7	5	30	16	1	1
DIAGNOSIS NOT STATED										

DIVISION OF NUTRITION AND DIABETES CONTROL

L. L. PARKS, M.D., Acting Director
MARJORIE M. MORRISON, M.S.,
Chief Nutrition Consultant

The staff of the Division of Nutrition and Diabetes Control has been smaller this year than at any other time since the Division was formed.

In addition to the part-time Acting Director, there have been four nutritionists and a secretary. The program of the division, therefore, has been more active in the area of nutrition. For more efficient service, the state is divided into four regions with a nutritionist living in her area. Each region, consisting of 12 to 19 counties, is too large for adequate coverage. This is especially true of Northeast Florida where the chief nutritionist has the coordination of the program and central office responsibilities in addition to the 17 counties in the region.

NUTRITION

During 1954 emphasis was placed on closer cooperation with allied agencies and on improved staff education programs for county health department personnel. The staff continued to serve as consultants to the State Department of Welfare on special dietary problems. Some joint planning was done toward setting up nutrition standards for child care centers and for foster homes. Supervisors in three of the welfare districts requested assistance in the area of special diets and budgeting. Staff conferences with the nutritionist resulted. In one county, all public health nurses and welfare personnel met together to study food budgeting. This program was presented by a nutritionist and the county home demonstration agent who had worked out a low cost meal plan and menus. Prior to the program, their practicability was established by a family who purchased and prepared the food as suggested.

It is interesting to note that more public health nurses asked for staff conferences on food budget problems than any other one subject. To make the information practical, actual cases known to the health departments served as the basis for study.

One member of the staff worked with representatives from the State Home Demonstration Office, State Department of Education, Florida State University, and the Florida Dietetic Association in compiling a recipe book featuring Florida produced foods.

In addition to appearing on the program at the Annual State-wide meetings of the 4-H Clubs and the Senior Home Demonstration Clubs, nutritionists worked with the food and nutrition leaders of several counties.

Nursing homes, small hospitals, and nursery schools requested more service. This varied from helping to set up a food service program to

working out details for enlarging a hospital kitchen with the architect. A conference for food managers of small hospitals was organized by one staff member. It was sponsored with the Florida Hospital Association and the Florida Dietetic Association.

Staff members assisted with Red Cross Home Nursing Classes in two communities. Several groups of practical nurses were taught and student nurses in six different hospitals were helped with special diets or with the public health aspects of nutrition.

One staff member continued to work with the St. Petersburg Committee on Gerontology in planning and providing nutrition counselling for the aged. This was done in cooperation with the Dairy Council and the Gulf Power Corporation.

School programs continued to take a larger percentage of the nutritionists' time than any other single activity. During 1954, the staff worked in 133 different schools. A "Health and Food Fair" given by one of these schools was featured in the Borden Company's publication, "School Nutrition News". As an outgrowth of the school programs, several community groups were organized for nutrition classes. This offered an excellent opportunity for cooperative planning with the local health department, county home demonstration agent, and commercial home economists in the area. All four staff members taught at the annual state-wide school lunch workshop for white personnel. One assisted with the state-wide negro workshop, and one with a county workshop. The staff worked very closely with personnel in counties where there is no school lunch supervisor.

The nutritionist in Northwest Florida served as guest lecturer at Florida State University in the Schools of Home Economics, Education, and Nursing. Work was started with several instructors on ways and means of creating more interest in nutrition education among school administrators.

Regular classes are being taught for both cardiac and diabetes patients at the Jackson Memorial Hospital Clinic in Miami. Consultation service is offered the National Children's Cardiac Hospital in the same city.

Classes for diabetics were taught in four other areas. Assistance with community weight reduction classes was given in three cities.

One staff member interviewed one hundred prenatal patients to determine their understanding of twenty words commonly used in teaching. The results of this study will be used as a basis for revising materials and teaching methods.

Working with a Dairy Council Nutritionist, one staff member prepared some materials in Spanish for use in some of the Tampa prenatal and well-child clinics.

A kit of materials on nutrition information suitable for use with nursing homes was prepared and distributed to all county health departments. Another leaflet on nutrition in relation to eye health was

prepared at the request of the Florida Council for the Blind. Assistance was given with one issue of Health Notes which was on the school lunch program.

A bi-monthly leaflet called *Nutrition in a Nutshell* was begun during the year. The leaflet, initiated at the request of county health department personnel, is designed to carry news items in the area of nutrition as well as practical suggestions which can be used with patients.

A series of 2x2 slides illustrating nutrition education programs in the schools was prepared with the assistance of the General Extension Division of the University of Florida. They also cooperated in two series showing the role of the nutritionist in developing a school lunch program, and in serving as a consultant to small hospitals.

Members of the staff assisted with planning exhibits for the Miami Health Fair, the St. Petersburg Home Show, and State Negro Teachers Association, and also began working with television during the year. Six appearances were made by staff members, and additional programs are planned.

As a result of a survey made at the request of the Jacksonville City Health Department by one member of the staff and a representative from Metropolitan Life Insurance Company, Jacksonville employed the first nutritionist in the state to work at the local level.

DIABETES CONTROL PROGRAM

The diabetes case-finding program was seriously handicapped by lack of funds. Although some diabetes detection was done, this phase of the program has virtually been eliminated. The distribution of insulin and education activities have followed the same procedure as in past years.

Insulin Distribution. The division has continued the practice of distributing insulin to indigent diabetics through the county health departments or their approved clinics. The determination of the degree of indigency was left to the county health department. Because the requests exceeded the supply of insulin, every effort was made to eliminate anyone of doubtful eligibility. Many diabetics were furnished only a part of the insulin needed since funds available were only sufficient to meet 60 per cent of the requests.

Insulin was distributed on a quota basis. Each health department was notified at the beginning of the fiscal year of its allotment. The health department then requisitioned the types and amount of insulin needed (within their allotment) from the central office. During this year, 28,543 vials containing 18,024,400 units were distributed to 2,505 people at a total cost of $34,502.82.

Educational Activities. Efforts were made to assist both the layman and the physician through publications, seminars, and group instruction.

The monthly bulletin, *Timely Topics,* is published primarily for the diabetic in order to help him know more about the disease. It was distributed to approximately 1800 people. A variety of subjects were

used. For example, some of the topics included were: diabetes in pregnancy, coma vs. insulin reactions, foot care, summer camps for diabetic children, and recipes for special occasions. In addition to *Timely Topics,* a variety of leaflets and bulletins dealing with problems of the diabetic were distributed upon request.

In cooperation with the Florida Medical Association, and the Department of Medicine, Graduate School, University of Florida, the division assisted in bringing two outstanding speakers to the second annual meeting of the Florida Clinical Diabetes Association.

Members of the staff assisted county health departments with classes for diabetics, and regular classes are being taught for clinic patients at Jackson Memorial Hospital.

DIABETES DETECTION

At the public meeting held in conjunction with the Florida Clinical Diabetes Association meeting, free blood tests were run on 424 persons. Of this number 59 were reported to have diabetes and were known diabetics; 4 were found to be suspected diabetics and were referred to their private physician for further diagnostic studies.

In cooperation with the Jacksonville City Health Department, 896 blood tests were run during Diabetes Detection Week. Of this number, 15 reported positive were known cases; 13 suspected cases were found and referred to private physicians for further study.

One staff member worked very closely with the Lay Diabetes Association of St. Petersburg in its program during Diabetes Detection Week. There were 1781 Dreypaks returned (urine tests for sugar); of these 216 showed sugar. Of this number 172 later brought in second urine specimens for further testing. Fifty-five showed a trace or more of sugar and were advised to see their private physician for further studies.

Continuous and spot surveys indicate that at least one per cent of our population do not know they are victims of diabetes. It continues to be one of the ten leading causes of death in Florida, therefore, it is hoped that funds will soon be available to restore the diabetes detection program. Early detection and proper treatment of diabetes could lower the mortality rate of this disease.

HOOKWORM AND ANEMIA

No investigations or special studies concerning the problems of hookworm and anemia were in operation during the year. This was due to the lack of technicians as a result of budget cuts. A number of hookworm surveys were made by individual county health departments. The results of these findings will be found in the report of the Bureau of Laboratories. This division acted as a consultant to the counties on special treatment procedures or other medical problems relating to hookworm upon request.

Technical articles by staff members include: McBath, May—Nutrition Programs for Older People. J. Am. Dietet. A. 30:1139, Nov. 1954.

BUREAU OF DENTAL HEALTH

FLOYD H. De CAMP, D.D.S., Director

All phases of the dental health program radiate from its major objective of educating the public on the importance of preventive measures in the control of dental disease and on the timely use of the preventive aids available.

FLUORIDATION

Fluoridation of public water supplies is the greatest known preventive measure in the control of dental disease at this time. Its value and use were emphasized by distribution of scientific informational literature, radio broadcasts, presentation of films and filmstrips, talks to city officials, civic clubs, schools and Parent-Teacher Association groups, and professional societies. It is gratifying to report that one Florida city, whose fluoridation program had been discontinued after operating for two years, held a referendum in July of 1954 and fluoridation won by better than a two to one vote. Another city held a referendum to determine if fluoridation should be initiated and again fluoridation won by a large margin. When installation of fluoridation equipment is completed, this will make a total of thirteen Florida cities receiving the benefits of fluoridated water. A number of other cities are intelligently laying the groundwork for the establishment of fluoridation programs.

TOPICAL SODIUM FLUORIDE TREATMENTS

Statistics show that application of sodium fluoride to the teeth of children at the recommended ages (3, 7, 10, 13 years) will reduce dental decay by 45 per cent. A large number of counties are interested in giving their children this health service but because they cannot obtain Florida-licensed dental hygienists they are unable to do so. Hillsborough County Health Department employed a full-time dental hygienist for five months in 1954 and while there she, under direction of a dentist, completed sodium fluoride treatments for 867 children. Many citizens are urging their health officials to adopt this measure until their fluoridation programs are established.

MOBILE DENTAL UNIT

The mobile dental clinic was out of service from August 1953 until late in February of 1954 for lack of an operator. This phase of the program gives corrective service to underprivileged children in areas where there are either few or no dentists. Dental examinations are given to all children through the 6th grade and notification cards sent to their parents suggesting that the child be taken to the family dentist if defects are noted. Children in the first three grades who need dental

care are carefully screened as to clinic eligibility and each child admitted is given complete dental service. A total of 3,727 dental examinations were made of children in nineteen schools in the counties visited. Of this number 420 were accepted as patients and received a total of 2277 dental operations which consisted of 1280 amalgam fillings, 93 silicate fillings, 325 extractions, and 578 miscellaneous treatments. The operator of the clinic gives instruction on dental care to the children and distributes dental health educational literature to them, their parents, and the teachers. The clinic dentist also assisted for two weeks in a dental survey made of selected grades in seventeen selected schools (white and Negro) in Leon County.

COUNTY HEALTH DEPARTMENT DENTAL CORRECTIVE CLINICS

Six county health departments, Dade, Duval, Hillsborough, Orange, Pinellas, and Palm Beach, operated full- or part-time dental corrective clinics. The combined figures for these six counties show that a total of 40,307 examinations were made and that 8002 children received more than 32,000 dental corrections. The corrections consisted of 12,036 fillings, 9,114 extractions, and 11,548 miscellaneous treatments and X-rays. Only two of the six counties were able to maintain full-time dentists throughout the year. This was because it was impossible to secure Florida-licensed dentists to fill existing vacancies. Because of the many changes in dental personnel and the fact that two of the counties operate only on half-time basis, it is felt that a creditable record has been made by these six clinics. Not only do these clinic dentists render complete dental service to underprivileged children but they also give emergency dental treatments when necessary. Chair-side instruction on dental health is given to their patients, dental health literature is distributed to both children and teachers, and lectures made to civic and professional groups, dental health educational films and filmstrips are shown and dental health records presented. In Orange County, the clinic dentist made 380 classroom talks to 11,925 children and teachers, and showed 20 films to 2,324 persons.

DENTAL HEALTH EDUCATION

Previous activities of this bureau in the schools has stimulated the interest of teacher and Parent-Teacher Association groups in the establishment of dental educational programs in their schools and communities in an effort to strive for and maintain dental health. Keeping this objective in mind, the dental health educational phase of the 1954 program sought to determine dental caries incidence in the state, promote fluoridation, eliminate sale of sweets at all school levels, further dental research studies in Florida, give in-service education to health workers and teachers, and develop dental health educational materials.

The dental health educator visited 29 schools in 9 counties, making 285 classroom talks to 6,193 elementary school children and teachers,

and holding 38 meetings with teaching staffs. Films and filmstrips were shown and radio transcriptions presented to an estimated total of 7,000 persons. Over 340 teacher packets containing dental health educational material, were placed in school libraries, distributed to 4-H Clubs, Girl Scout groups, public health agencies, and to lay and professional personnel interested in the promotion of dental and general health. Approximately 51,285 pieces of dental health literature were distributed.

Special dental health educational classes were held at the University of Tampa, The Florida State University, University of Florida, and Florida Southern College; dental health educational programs were presented to Extension Classes of the University of Florida and The Florida State University in Fort Lauderdale and Jacksonville; also, there was bureau participation in the program of the 4-H Girls Short Course, Florida State University.

In-service teacher training was continued and three workshops were held in three counties with an estimated attendance of 1225 teachers.

Cooperating with the Gainesville Dental Care Program, a broad dental health education program for Gainesville schools and community was provided. One very tangible result of this work was a record participation of children in the study and an all-time high record in the United States for the number of students taking part in such a research study. Classroom talks were presented to 4,264 children in this county.

DENTAL SURVEYS

The bureau assisted Leon County dentists and the local health department in a survey to determine the dental decay attack (DMF) rate in permanent teeth among 2847 school children from selected age groups in seventeen elementary and high schools, white and colored. Ten local dentists and the State Board of Health mobile dental clinic operator participated in the survey. Educational talks with teachers and to the children were made with the idea of making the survey a learning experience for both children and parents. As a direct result of this study much interest has been stimulated with school administrative officials, teachers, and community groups for the establishment of a full-time dental program for the county.

GAINESVILLE DENTAL CARE STUDY

The purpose of this program, established at the beginning of 1954, is to determine the dental service needs and the personnel requirements necessary to meet the needs of children, in grades one through six, who have received varying effects of fluoridated water since its installation in the community water supply in 1949. This care is being provided by two full-time U.S. Public Health Service Dentists, three full-time dental assistants, and the part-time services of a dental health educator from the Bureau of Dental Health. This dental unit is housed in an especially

designed portable unit which can be moved intact from school to school. It contains six complete modern dental operating units, X-ray unit, and office facilities. The results of the first year's operation have been very successful.

FLORIDA STATE FAIR EXHIBIT

The Bureau of Dental Health, The Florida State Dental Society, the Hillsborough County Dental Society, and the Tampa Dental Assistants conducted a free dental bitewing X-ray program and dental health educational exhibit at the Florida State Fair, Tampa, February, 1954. Approximately 2500 children were X-rayed and 31,960 pieces of literature distributed. Fluoridation was stressed both by posters and literature. It is estimated that more than three-quarters of a million persons visited the booth.

BUREAU OF ENTOMOLOGY

J. A. MULRENNAN, B.S.A., Director

The year 1954 will be recorded as the greatest year since the discovery of Florida as far as arthropod control is concerned. There was less annoyance from mosquitoes, dog flies and other arthropods than had ever been recorded before. This phenomena for the most part can be attributed to natural factors, although some credit can be attributed to the stepped-up arthropod control program in the state.

STRUCTURAL PEST CONTROL

The State Board of Health has continued to benefit from the fine spirit of cooperation of the structural pest control industry in its enforcement of the Florida Structural Pest Control Law and the Thermal-Aerosol Law. During the year, the Florida Pest Control Association initiated efforts to amend the Structural Pest Control Law of 1947 so that the law may be more effective. This bureau has given assistance to the Association in this important endeavor. The structural pest control industry in Florida has grown much in stature and reputation since the passage of the Pest Control Law of 1947, and the citizens of Florida are coming more and more to regard these pest control operators as a professional group.

Various complaints from homeowners made against termite control firms were received and impartially investigated throughout the year, and these complaints were mediated and settled to the satisfaction of all those concerned.

Registrations

	1952	*1953*	*1954*
State Board of Health Licenses Issued	173	184	196
Employees Identification Cards Issued	671	789	910
Thermal-Aerosol Certificates of Authorization Issued	3	3	1
Thermal-Aerosol Certificate of Authorization Renewals	19	18	19

ARTHROPOD IDENTIFICATION LABORATORY

An expanded mosquito light trapping program initiated early in 1954 includes the semi-weekly operation of more than 100 mosquito light traps in various parts of the state. This program continues to provide valuable information regarding the mosquito fauna of Florida.

The laboratory identified more than 1,682,000 adult mosquitoes during the year, and in addition, continued to make identifications of various arthropods sent in by physicians and other individuals requesting identification and recommendations for control.

An information sheet named *"The Florida Salt-Marsh Mosquitogram"* was developed and distributed twice weekly to all the counties and mosquito control districts carrying on mosquito control programs along

the coastal areas of the State. The sheet gives a comparison of the total semi-weekly collection counts of salt-marsh *Aedes* mosquitoes in each of 43 mosquito light traps selectively located along the Florida coast lines.

ARTHROPOD RESEARCH

For the research arm of this bureau the past year was one of reorganization. The concept of an Entomological Research Center at Vero Beach materialized in the transfer of all research personnel to that location and in the letting of a contract for $192,990.00 for the construction of a building to serve as headquarters and laboratory for all research. The concentration of personnel has resulted in a better coordination of the various problems being attacked in field and laboratory.

During the year new ecological information on salt-marsh *Aedes* was gathered and intensive studies of these mosquitoes initiated on specific observation marshes near Vero Beach. The problem of egg-hatching stimulus and of laboratory rearing of these mosquitoes were pursued. Colonization of *Psorophora ciliata* was attempted and much learned about this large mosquito, in both field and laboratory. The size of this "gallinipper" makes it an ideal study animal for certain laboratory techniques yielding information of general application to mosquitoes; hence the attempt to colonize it on a moderate scale. The glades mosquito, *Psorophora confinnis,* received more attention in the field than it ever had in the past. As a result, its feeding (not biting), mating, and swarming were observed for the first time as far as available literature reveals. Furthermore, these habits were studied in considerable detail. Also, during the year, new trapping devices were developed, most of them for strictly experimental and selective purposes.

In the fall, a trapping investigation was carried on in Leesburg which for the first time produced information on the comparative reactions to various trapping devices of a large number of both anopheline and culicine mosquitoes. This study makes it possible now to properly evaluate light trap captures of many mosquito species.

In the spring and early summer, the east coast of Florida had a remarkable outbreak of the salt-marsh butterfly, *Ascia monuste.* This butterfly is a daytime migrant and has been an excellent study animal for migratory behavior. The outbreak offered an opportunity to test certain principles concerning migratory habits in insects which have been guiding our studies of mosquito migration. The marking and recovering experiments performed on this butterfly resulted in the first verifiable interpretation of insect migration ever achieved. These butterfly experiments also demonstrated the necessity to measure the spontaneous activity of behaving insects, especially where activity rhythms occur. This in turn led to the construction of the first satisfactory mosquito actograph ever made. It is a precision apparatus occupying one of the rooms in the leased temporary quarters of the Entomological Research Center. It will be re-installed in the new building later, with minor modifications only.

ENTOMOLOGICAL AND ENGINEERING ACTIVITIES

The bureau provided entomological and engineering assistance to mosquito control districts and counties in matters pertaining to their arthropod control programs. The staff included one entomologist and one engineer stationed in the central office to work throughout the entire state; and three regional entomologists and one regional engineer located in assigned areas in the field.

Entomological assistance consisted of aiding districts to define their arthropod breeding areas, reviewing and approving projects proposed in the districts' work plan for eliminative control measures, and to assist in training district personnel to perform entomological investigations.

Engineering activities consisted of making a limited amount of engineering surveys and plans; review of areas and plans for construction work and offering recommendations concerning such work; aiding in the preparation of work plans and detailed budgets; and setting up record-keeping systems within the counties and districts. In addition, records of expenditures and progress of each arthropod control program were maintained in the bureau's office.

ARTHROPOD CONTROL

The program whereby the state was able to give financial assistance to mosquito control districts and counties desiring to build out its arthropod breeding areas began on July 1, 1953. During 1954, considerable progress was made in eliminating problem areas; however, considering the magnitude of the total problem, the total work accomplished to date is relatively small.

There were thirty-eight counties participating in the state's $1,250,000.00 permanent aid program; the state matching 75 per cent of the counties' or districts' funds. In addition, nine counties received funds from the state's $350,000.00 temporary aid program, but did not participate in the permanent program. The local budgets of these forty-seven counties, based on the fiscal year of the local control agency, and as of the end of calendar year 1954, amounted to approximately $1,580,561.00. Approximately $650,000.00 was spent for major equipment; including one 10-inch hydraulic dredge, 16 tractors, 12 draglines, and numerous trucks and miscellaneous equipment.

The major items of work accomplished by the counties and districts in permanent control work are as follows:

No. of sanitary landfills operated	24
Approx. No. truck loads of garbage covered	129,216
No. of cisterns, cesspools, wells, etc., filled (Key West)	238
Miles of dikes constructed (Brevard County)	8.12
Cu. yds. earth moved	79,352
Acres diked for flooding	2,972

Hydraulic Dredging	
Cu. yds. earth fill placed	1,109,233
Acres breeding area eliminated	302
Grading and filling	
Cu. yds. earth fill placed	158,045
Acres breeding area improved	195
Vertical drainage	
No. holes blasted	50
No. acres drained or improved	73
Ditching	
Machine ditching — New	186.72 miles
Machine ditching — Maintenance	94.93 "
Hand ditching — New	57.54 "
Hand ditching — Maintenance	311.61 "
Dynamite ditching	8.53 "
Miles of ditch R.O.W. cleared	11.69 "

MALARIA AND TYPHUS SURVEILLANCE

Three employees of this bureau stationed in the field continued the promotion of rodent control and arthropod control in rural districts and various communities in cooperation with county health departments in connection with typhus and malaria surveillance.

Only in 1950 have there been fewer cases of malaria reported in Florida than in 1954. It should be pointed out that since 1950, the majority of malaria cases reported have been from returning military personnel. Of the remaining cases none have been definitely authenticated as being transmitted in Florida.

The incidence of typhus has hit an all-time low for Florida as the following tabulations indicate:

Year	*Malaria Cases*	*Typhus Cases*
1950	7	34
1951	23	20
1952	50	11
1953	19	10
1954	11	6

Technical papers by members of the Bureau include:

1. Mulrennan, J. A., B.S.A., Director, and Sowder, Wilson T., M.D., M.P.H., State Health Officer. Florida's Mosquito Control System v. 69, No. 7, Public Health Reports. July 1954.
2. Nielsen, E. T., and Haeger, J. S., Pupation and Emergence in *Aedes taeniorhynchus* (Wied.). Bulletin of Entomological Research., *45* (4): 757-768. December 1954.

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The following article is included in this report since it is a summation of Mosquito Control in Florida since its inception. It is reprinted from Public Health Reports, July 1954.

FLORIDA'S MOSQUITO CONTROL SYSTEM

JOHN A. MULRENNAN, B.S.A., and
WILSON T. SOWDER, M.D., M.P.H.

Subtropical Florida, with its 1,221 miles of coastline, heavy rainfall, warm climate, and flat topography, gives rise to an abundant and unique fauna. Included in this unusual fauna are a number of arthropods which are greatly annoying and which carry diseases of humans.

The extensive beaches of the State are sometimes laden with seaweed, the larval habitat for dogflies, or stableflies *(Stomoxys calcitrans)*. The adjoining flat land mass is pocked with tremendous salt marshes, swales, swamps, fresh water marshes, ponds, lakes, or streams which afford an environment conducive to the heavy production of 67 species and subspecies of mosquitoes, 22 species of sandflies *(Culicoides* spp.*)*, several species of yellowflies *(Chrysops* spp.*)* as well as many other species of arthropods annoying or dangerous to man.

EARLY OBSERVATIONS ON MOSQUITOES

One of Florida's first counties, now Orange County, was once named Mosquito County. There was also a Mosquito Lagoon and a Mosquito Creek. The 1951 legislature abolished the name of Mosquito Lagoon, located in Volusia County.

The early settlements of Florida were almost entirely within the area later defined as the "malaria belt." Tallahassee, the State capital, was in the midst of this region. The Count of Castlenau, in his Views and Recollections of North America, describes the conditions which prevailed in the city in 1842: "But unfortunately in opposition to these numerous advantages there are the greatest plagues that can afflict a new settlement; an unhealthful climate; every year bilious fevers of a most dangerous nature spread consternation in the whole region. Then all the shops are closed, the fear of the epidemic and the stifling heat cause the planters of the neighborhood to leave the city, and all the inhabitants who can afford the expense of this kind go to the northern part of the United States to seek a more salubrious climate; the merchants take advantage of this season to go to New York or Philadelphia to place their orders, and the planter goes to Niagara or Saratoga Springs to display his luxury and spend in 3 months his year's revenue.

"However, although the climate is dangerous for strangers at all times, the most insalubrious months are August, September, October, and November; then no one can be sure of escaping the plague, neither the planter who has been settled in the country for years, nor the Negro born in the midst of the miasma of Carolina or under the burning sun of Georgia. The comparative extent of the huge cemeteries is a sad warning for one who, charmed by the beauty of the sight, would want to establish himself in this region."

This "insalubrious situation" prevailed in Florida for more than three centuries, but in 1948 the last definite case of malaria transmission was reported, and the last case of yellow fever was reported in 1905. The reported cases and deaths from malaria for the period 1918-53 show that malaria had practically disappeared in 1942 (fig. 1). The peaks in 1944 and 1946 were attributable to returning war veterans.

INCEPTION OF MALARIA AND MOSQUITO CONTROL

The direction of approach to the control of malaria was recognized in Florida as early as 1900 by Dr. J. Y. Porter, Florida's first State health officer, when he stated, "It was observed that the attacks [of malaria] were more than usually fatal along the river bottoms, marsh lands, and in the flat woods country. . . . It now is seen that it is not the germ itself which rises from the soil or water, but the *carrier of the germ.*" Dr. Porter was also a courageous investigator of the means of contracting yellow fever. He once slept three nights in the bed of a man who had died of this disease in order to disprove the theory that fomites were responsible for its spread and to discourage the burning of bedding, the practice at the time.

Despite the early recognition of the cause of malaria, no organized effort was made to control it until the World War I period. At that time, drainage and larvicidal measures were introduced at Camp Johnston, near Jacksonville, jointly by the Army, the United States Public Health Service, and the Florida State Board of Health as a part of the general sanitation program around military establishments.

After this initial start, the Florida State Board of Health undertook its first malaria control project in 1919 in the city of Perry, a typical malarious community in Florida. At that time it was one of the largest projects of the kind in the country and involved the removal of 47,000 cubic yards of earth for drainage canals and ditches at an expenditure of $28,000. The cost of the project was borne by Perry, Taylor County, and the Burton Swartz Cypress Company. The State Board of Health supplied the technical supervision. A letter from the lumbering plant, after the work was completed, stated that the plant had been more than repaid for its share of the cost by the increased output resulting from the better health of plant employees.

FIRST ORGANIZED CONTROL EFFORT

A great forward step in the control of mosquitoes in the State was the organization of the Florida Anti-Mosquito Association in 1922. The first meeting was called by Dr. J. Y. Porter, who, although no longer State health officer, retained a deep interest in the work. This organization has been primarily responsible for the promotion of legislation for the creation of mosquito control districts and of legislation making State aid possible to mosquito control districts and counties.

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Another milestone was reached in 1931 when the Rockefeller Foundation established a malaria research station at Tallahassee to work with the State (mental) hospital at Chattahoochee and the State board of health. This station, under the direction of Dr. Mark F. Boyd from 1931 until its closing in 1947, performed work in the malaria field of inestimable value, not only to the State of Florida, but also to the world as a whole.

The State received further recognition in the mosquito research field when the United States Department of Agriculture, Bureau of Entomology and Plant Quarantine, established in 1932 a mosquito research station at Orlando. The station, in new quarters recently dedicated, is still functioning with funds made available by the Armed Forces. The research work of this station has been of great value to the mosquito workers of the State.

The year 1933 marked the beginning of wide-spread malaria and pest mosquito control operations throughout the State. The work was performed by the Federal relief organizations, the Civil Works Administration, the Emergency Relief Administration, and the Works Project Administration, until 1941 when relief funds were withdrawn. A tremendous amount of drainage work was accomplished. The records show that more than 1,582 miles of ditches were dug, with the removal of 225,287 cubic yards of earth. In 1935 the Public Health Service assigned engineers to the State to supervise the work.

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In 1942 the Public Health Service set up the first Malaria Control In War Areas project at Tallahassee. Based on this first program, projects were set up at all military bases in the State, and similar projects were established in all the other southern States.

A program of DDT residual house spraying to eradicate malaria was inaugurated in 1945 in counties which had a high malaria rate in the past. All funds were supplied by the Public Health Service. Local funds were provided during the last part of the program, which was [illegible] in 1949. In addition to the house spraying program, a DDT

also issue bonds. Another method provides for five board members, an assessment of 1½ mills, and permits inclusion of one or more counties in a district. Under the third method either the board of county commissioners may act as mosquito control commissioners, or a separate five-member board may be elected. This method provides for a county-wide district and limits the amount of taxation to a minimum of $10,000 and a maximum of $25,000 in counties with a population of less than 65,000; and a minimum of $20,000 and a maximum of $50,000 in counties having 65,000 population or more.

The first State law providing for State aid to counties and mosquito control districts was passed in 1949. This law provided that aid be given by the State board of health to mosquito control districts and county health departments in the form of insecticides, materials, equipment, personnel, and trucks in amounts not to exceed $15,000 annually to any one county. This law for the first time recognized pest mosquitoes and other non-disease-bearing arthropods as being of public health and economic importance. A total of $350,000 has since been made available each year under this law by the State legislature for the control of mosquitoes and human-biting flies.

In 1953 upon the recommendation of the Florida State Board of Health, the State legislature passed a second State aid law whereby any board of county commissioners or a mosquito control district that places funds in its budget for the control of "arthropods of public health importance," would receive funds directly from the State, upon proper certification by the State board of health, amounting to 75 percent of the total funds appropriated by the county or district. This law stipulates that State funds are to be used exclusively for permanent eliminative measures such as sanitary landfills, filling and draining of breeding areas, the purchase of all types of equipment, the hiring of personnel, and the operation of equipment to be used in carrying out permanent measures of arthroped control. The legislature appropriated $1,250,000 annually for this program in addition to the annual appropriation of $350,000 for both permanent and temporary control measures. In addition to the direct aid to counties and mosquito control districts, this law provided an additional appropriation of $250,000 a year to be used by the State board of health for administration, consultation, and for the con-

Total expenditures by source of funds, at 5-year intervals, 1930-54, mosquito and other anthropod control in Florida

Source of funds	Fiscal year					
	1930	1935	1940	1945	1950	1954 (estimated)
Total	[1] $16,726	$9,492	$75,892	$512,342	$979,071	$3,322,105
Federal (grant-in-aid and direct)	----	----	20,492	404,756	83,942	8,000
State	----	----	4,730	5,022	93,321	1,850,000
Local (county, city, and mosquito district)	([2])	([2])	29,167	82,984	789,011	1,464,105
Private (Rockefeller Foundation)	16,726	9,492	21,503	19,580	12,797	----

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struction and operation of a research laboratory. The state of Florida is therefore at present appropriating a total of $1,850,000 annually for the control of mosquitoes and other arthropods of public health importance. Local appropriations for 1953-54 amounted to $1,464,105, and direct Federal funds through the Public Health Service amounted to $8,000, making a total of $3,322,105 available for this purpose during the past fiscal year (see table).

The tourist industry is the largest industry in Florida and in 1953 brought in $950,000,000. It is therefore important that the State do all in its power to protect the health as well as the comfort of its visitors. Furthermore, the permanent residents of the State are not unappreciative of the benefits to themselves of a vigorous program against mosquitoes and other pestiferous arthropods.

The Florida State Board of Health is now planning to construct a biological research center in Indian River County on the southeast coast of Florida. It is expected that around $175,000 will be utilized in constructing and equipping the laboratory. In subsequent years it is planned to utilize about $150,000 a year for research, and approximately $100,000 is to be used in administering the mosquito control laws and in giving technical assistance to the counties.

The purpose of the research center will be twofold: (*a*) to produce the biological information the State board of health needs to promote and carry out the most effective and efficient control program possible, and (*b*) to expedite the incorporation of this information into control practices. The research center will be intimately connected with the control operations in all districts and counties, and thus practical needs will direct its research efforts.

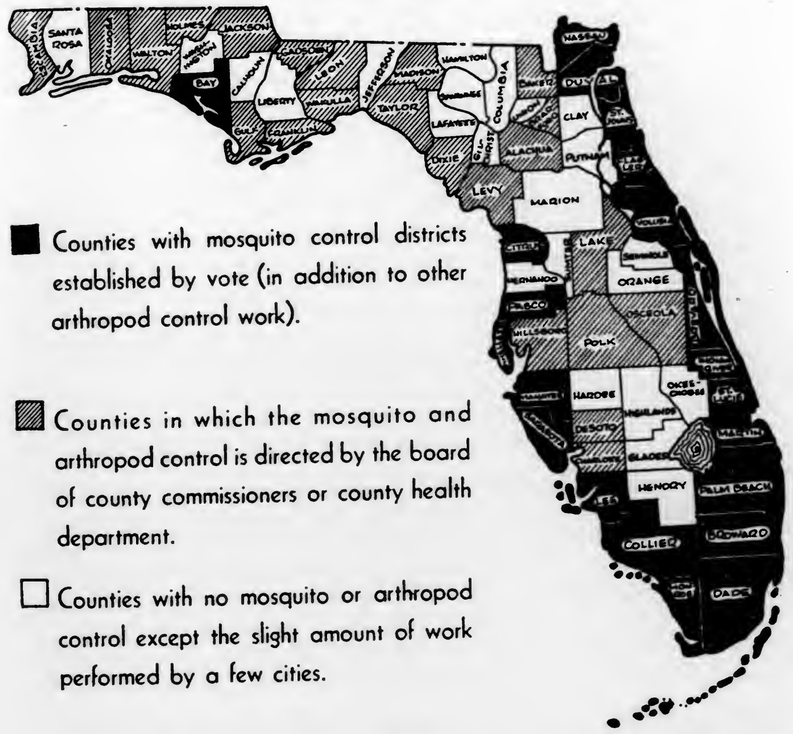
MOSQUITO CONTROL DISTRICTS

The first mosquito control district was established by vote in Indian River County in 1925. At the end of 1953 there were 23 mosquito control districts in 21 of Florida's 67 counties (fig. 2). In addition to the 21 counties having organized mosquito control districts, arthropod control is carried on by 23 additional counties and the work is administered by the boards of county commissioners and directed by the county health departments.

One small county, Brevard, with a population of 25,570 in 1950, appropriated $208,649 for mosquito control for the fiscal year 1953-54. Indian River County, a small county, has a per capita tax for mosquito control of $9.11 and Dade County (Miami), the wealthiest and most populous, has the lowest per capita tax of 17 cents.

All mosquito and arthropod control is directed at the local level by an individual under the supervision of the mosquito control board or the board of county commissioners, elected by the people.

FIGURE 2. Florida districts and counties performing arthropod control, January 1, 1954.



All boards are required by law to submit a plan of operation to the State board of health annually before expending their own funds or before receiving aid from the State. In order to assist the local boards with their administrative and technical problems, the State is divided into four operational districts. Stationed in each district are an engineer and an entomologist who are responsible for the arthropod control in an assigned number of counties.

Each board is also required by law to report each month on all county and State expenditures for mosquito control as well as reporting at the end of each quarter on all of their operational activities.

SUMMARY

Florida's geographic location and flat topography afford a favorable environment for the production of 67 species of mosquitoes, 22 species of sandflies (*Culicoides* spp.), many species of yellowflies (*Chrysops*

spp.), and one species of dogfly or stablefly (*Stomoxys calcitrans*). Since some of these species transmit human diseases and many of the species bite and annoy man, these arthropods have been a scourge as well as an economic liability to the State. The State laws provide three methods whereby the citizens may vote for a local mosquito control district and provide tax funds to carry out a control program. There are 23 mosquito control districts in the State and 23 counties that carry on mosquito control under the supervision of the county health departments. The districts and counties are now appropriating $1,464,105 for mosquito control. There are two State aid laws administered by the Florida State Board of Health. One law carries an annual appropriation of $350,000. The other law provides an appropriation of $1,250,000 for aid to districts and counties, and an appropriation of $250,000 to the State board of health for administration, technical assistance to local control bodies, and for research. At present, Florida is spending a total of $3,322,105 annually, under the supervision of the State board of health, to control mosquitoes and other arthropods of public health importance.

BUREAU OF SANITARY ENGINEERING

DAVID B. LEE, M.S., Eng., Director

SUMMARY

In the field of water supply and treatment, 160 projects were approved, representing an increase of 4 per cent over the previous year, and in 1953 there was an increase of 7 per cent over 1952. The estimated total cost of the 1954 projects is approximately $7,176,900. In suburban developments such as subdivisions, public water supply and treatment installations and improvements continued at a high rate — they constituted 46.5 per cent of the total projects approved in 1954 as compared to a 34 per cent in 1953.

The construction of swimming pools in the state continues to increase at a rapid rate and 164 projects were approved, giving a 6 per cent increase over 1953. Other activities, such as public water supply wells, bottled water plants, public bathing beaches, common carrier sanitation, etc., continued at about the same rate as in the past.

The field of municipal sewage treatment continued at a rapid expansion during the year 1954. Plans were approved for 126 separate projects at an estimated cost of $17,901,544. Of these, 43 entailed new or additional treatment facilities, estimated at a cost of $4,732,415. Thirty-nine new sewage treatment plants have been completed or placed under construction during 1954 and, of these, 27 plants were to serve subdivisions. The number of plants requiring supervision has grown from a handful in 1945 to almost 200 plants in 1954.

Industrial waste and stream sanitation activities remain at a low level due to shortage of necessary personnel. Additional personnel is vitally needed in this area, as well as in others. From the standpoint of industrial waste, the most important development during 1954 was the completion and placing in operation of four new triple-superphosphate plants and a large synthetic fibre plant. The operation of these triple-superphosphate plants poses a very definite threat to the legitimate use of streams and, unless corrective measures are taken, the discharge of acid and high fluoride waste will cause major damage to the biological life of these streams, affecting their use for stock, wildlife and public water supplies.

The problem of fringe area sanitation continues to be a major activity of this bureau due to the continual growth of the state. Four hundred seventy subdivision plats were reviewed and processed during the year and favorable certifications were made on 444, containing a total of 21,355 lots. Twenty-six subdivisions were recommended to have sewage treatment processes or extensions of municipal sewers. Thirteen thousand

six hundred sixty-six separate forms were handled for approval of individual septic tanks and drain fields.

In other fields such as seafood sanitation, food handlers training program, trailer parks, motels, etc., the work remains the same or has increased accordingly for the area in question.

A new program was inaugurated in 1954 which was the administration of the Bedding Inspection Act. This bureau registered 2,348 manufacturers, renovators and retailers under this program.

The continual growth of the activities of this bureau can best be seen by the graph showing the number of plans processed annually since 1948. In 1952, 600 sets of plans were processed; in 1953, 648; and in 1954, 826, an increase of 27 per cent over 1953.

PUBLIC WATER SUPPLY AND TREATMENT

JOHN B. MILLER, B.S., M.P.H.

There may be seen in Table 42 a list of projects for water facilities to serve the public for which engineering plans and specifications were approved during the year. The total of 160 projects reflects the continued high level of activity in this field; in fact representing about four per cent increase over the previous year in number of water plans approved. Construction cost estimate of the facilities represented by the approved plans is some $7,176,900 total for the year. This is a marked decrease in the dollar volume of this work compared with that for the previous year (approximately $19,749,000). On the other hand, a lack of particularly large municipal water works projects in 1954 is noted; but there are a greater number of plans reported for projects outside of city and town corporate limits.

Plans for expanding, extending or otherwise altering water facilities, both systems and plant work, by towns, cities and established utility companies account for the major part of the total number approved. It is significant to note, however, that 46.5 per cent were for water supply, treatment and distribution works to serve realty subdivision developments. This is a rather higher percentage than those for recent years (about 33 or 34 per cent in previous four years, with slight gains prevailing each year.) Of course, this reflects the rapid increase in population of the state. Sanitary supervision of operation of these suburban water facilities poses an ever increasing problem.

With regard to the sanitary control of public water supply facilities through the review and appropriate approval of the engineering plans and specifications prior to construction, it seems important to report on a prevailing unsatisfactory situation. Practically all the latter half of 1954 was characterized by chronic shortage of engineering personnel in

the section, made acutely worse by two engineers going to other positions. One replacement was made toward the end of the year, but the year closed without the second replacement being made. Significantly, plans submitted by cities, utilities firms, real estate operators, and the owners and their consulting engineers, have in a great many instances been delayed for several weeks in being approved by the department. This situation current with the year's closing is earning a reputation for hindrance; and the unintentional though effective "restraint of trade" may be expected to result in withdrawal of cooperation with the department by those affected if more personnel are not made available for processing plans without so much undue delay.

During the year, many new plants or major additions to existing water plants were completed or placed in operation. These include Miami (Orr Plant), Myrtle Grove Estates, Norwood (Dade County), Lake Forest, Brentwood Estates (Broward County), Fort Lauderdale (Prospect), Vero Beach, Melbourne, Eau Gallie, Fort Myers, Fort Myers Beach, Cape Haze, Winter Haven, Cocoa, Branford, St. Augustine; Brookview, Arlingwood, Arlington, Cedar Hills, San Jose Shores, Osceola Forest (Duval County).

FLUORIDATION OF WATER

Fluoridation of the public water supplies was continued during the year at Clewiston, Miami (including some adjacent municipalities which obtain water from the Miami facilities), and Gainesville. After having suspended fluoridation, the City of Naples resumed the practice following a referendum with results in the affirmative on the matter.

OPERATION OF WATER FACILITIES

As indicated in remarks about planning and construction, the sanitary control of operation of these facilities after completion constitutes a constantly and rapidly increasing problem incident to the rapid growth of the state. The personnel being made available currently by the department for this purpose are not sufficient to assure anywhere near adequate supervision. Regional sanitary engineers and those in the counties having such, have in some measure carried out this activity, together with the part-time assignment of one man from the central office. The in-service training courses for water works operators continue to be of benefit; they are discussed elsewhere in this report.

PUBLIC SWIMMING POOLS

Construction of quite a few pools which serve the public such as for hotels, trailer parks, municipal recreation centers, clubs, and motels, as represented by the engineering plans approved, was again in considerable volume in 1954. There was a total of 164 such projects for which the plans were approved; this being over 6 per cent more than the

number approved the year before, and having an estimated cost total of about $2,446,200.

The biggest number of swimming pools for which plans were approved were the smaller structures such as are so popular with managements of apartment, motel and motor court enterprises. This is reflected in the small average cost estimate of only $15,000; even lower than the trend which has been apparent in averages of cost estimates for recent years; ($17,000 in 1953, $16,900 in 1952, and $16,750 in 1951). The designs of these smaller pools from the functional standpoint are about as complicated as those for larger pools, the principal difference being in the sizes of the tanks themselves. Also, there has been increasing difficulty in obtaining proper proportioning of the pool tank with regard to safety, in the very small pools. Operation supervision is affected by the marked increase in number of small pools open to the public, since from a monetary standpoint the cost of qualified operating and lifeguard personnel is reported to make overhead top-heavy for the enterprises involved.

There was the same delay in processing pool plans because of shortage of personnel as was mentioned in the water section relative to clearance of public water supply plans. There have been rumors of construction being commenced before plans were approved because of undue delay in owners and their engineers receiving approval from this bureau.

Referring again to Table 43, it is seen that at the close of the year there were a total of 570 pools under permit in the state. Of these, 120 new pools were issued permits, which were added to the number of operations permits for pools where sanitary code requirements continued to be met. The number of new permits issued represent an increment of 26.7 per cent of the number under permit the previous year. As has been the recent pattern, the geographical distribution of pool construction (see Table 43) shows the big majority built, and hence operations permits issued, in the counties of the lower east coast (Palm Beach, Broward, Dade) where 79.5 per cent were issued.

With a concentration of pools in the lower east coastal area (58 per cent in Dade County), it has been possible in very recent years for the bureau to help foster and cooperate with a pool operators' association. Activity in this connection has been continued in 1954; and the third annual short school is scheduled early in 1955 at Miami Beach. The voluntary plan for operator certification has been in cooperation with this in-service training program carried out jointly by the Florida Swimming Pool Operators Association, the University of Miami, the Dade County Health Department and assisted by this section.

NATURAL BATHING PLACES

During the year there were three new permits issued (one each in Hillsborough, Sarasota and Washington Counties) for bathing places which brought the total up to 45.

The regulatory procedure related to sanitary control of the permitted natural bathing places was continued as in the past. This involves a sanitary survey of the place for which permit application is received. If findings of the sanitary survey warrant, the natural waters proposed for bathing and swimming are examined in the laboratory through the collection of appropriate number of bacteriological samples. Upon compliance with standards for both the waters and the sanitary facilities needed, a permit is issued; and it continues valid as long as compliance with standards is satisfactory. Field work involved in this activity is performed by local health department personnel and regional sanitary engineers.

PUBLIC WATER SUPPLY WELLS

A total of 127 permits were issued, one of which was subsequently cancelled, during the year. This represents a decrease of over 13 per cent compared with the previous year, for permits issued to construct supply wells at motels, schools, trailer parks and subdivisions, as well as for municipalities and utilities. This decrease in view of continued activity involving water supply expansion is a matter which should be investigated in the coming year.

BOTTLED DRINKING WATER

Activity in this phase of water sanitation continued about the same as during the previous year. Regional sanitary engineers and personnel of the local health departments involved continued to perform the necessary field work for sanitary supervision of bottled water plants. The section processed the reports and recommendations pertinent to issuing the permits. Reliance was continued on the respective state health departments for reports on the several out-of-state firms selling or distributing their products in Florida.

In Table 43 may be seen the geographical distribution (by county) of the permitted bottled drinking water establishments totaling 25 in Florida, or a total of 30 including those out of the state.

SANITATION OF COMMON CARRIER WATER SUPPLIES AND WATERING POINTS

Statistics and the activity involved with sanitary control of water supply and dispensing to aircraft, railway trains and vessels operating in interstate commerce were incomplete at the end of 1954 due to shortage of personnel in the section. This work was resumed when one engineer replacement was made late in the year; and the annual reports on the carriers, and the several watering points used by them, customarily made to the United States Public Health Service, were scheduled for completion as early in 1955 as possible.

TABLE 42

PUBLIC WATER SUPPLY PROJECTS APPROVED - 1954

Municipality	Project	Est. Cost
Airport S/D (Rural) (Manatee Co.)	Extension of water system	$ 2,000.00**
Arcadia (Carlstrom Field)	New system, Florida State Hospital	76,000.00
Arlington (Arlington Community Club)	New 8" artesian well	7,000.00**
Arlington (Monterrey S/D)	Extension of water system	29,600.00
Arlingwood S/D, Unit 2	Extensions	12,250.00
Bradenton (Garden Heights S/D)	Extension from City of Bradenton	10,000.00
Branford	Water system extensions	75,000.00**
Broward County (South Florida State Mental Hospital)	New plant and system	220,000.00
Broward Estates S/D	New plant and extensions	185,000.00
Canal Point	Enlargement of water plant	6,800.00**
Canaveral Harbor	New water supply and distribution system	15,000.00
Casselberry	New system	10,000.00
Casselberry	Extension	4,700.00
Casselberry	Alterations and additions	16,000.00
Cedar Hills S/D	New water plant and mains	107,000.00
Cedar Hills S/D	New water pumping station	32,000.00
Clearwater	Addition to water distribution system	45,000.00
Clearwater	Extension	2,806.42
Clearwater (Bamboo S/D)	Water main extensions	400.00
Clearwater (Bonair Hills S/D No. 3)	Water main extensions	1,195.00
Clearwater (Druid Acres S/D)	Water main extension	2,000.00
Clearwater (Druid Acres S/D)	Extension	2,070.00
Clearwater (Highland Pines, 3rd Addition)	Water main extension	4,200.00
Clearwater (Highland Pines, 4th Addition)	Water main extension	4,489.55
Clearwater (New Marymont S/D)	Water main extension	2,000.00
Clearwater (Salls S/D)	Water main extension	6,800.00
Clearwater (Salls S/D, 2nd Addition)	Water main extension	1,109.00
Clearwater (Sirmons Heights S/D)	Water main extension	8,000.00
Clearwater (Skycrest Terrace S/D)	Water main extension	5,228.00
Clearwater (Stevenson's Heights S/D)	Water main extension	6,023.00
Collier Manor	New water system	60,000.00
Coral City S/D	New water distribution system	187,087.65
Crescent City	Water main extension	15,000.00**
Crestview	Extensions	50,000.00**
Daytona Beach	12" distribution pipe	73,500.00**
Daytona Beach	Rehabilitation of elevated tank at Seabreeze Water Plant	13,000.00
Daytona Beach	6" and 8" distribution pipe	25,000.00
Deland	Water main extensions	84,100.00*

TABLE 42—Continued

PUBLIC WATER SUPPLY PROJECTS APPROVED - 1954

Municipality	Project	Est. Cost
Deland (Volusia County Welfare Home)	Extension	7,200.00**
Dunedin	Water main extension	30,163.90
Eau Gallie	Main extension	$ 18,000.00**
Ellenton	New well with old pump and tank	300.00
Flamingo Village	Extension	3,000.00**
Forrest Brook S/D	Extension to serve Wesconnett Terrace S/D	1,500.00
Ft. Walton Beach	Extensions	145,500.00*
Gainesville (Airport Industrial Utilities)	New water system (airport)	60,000.00
Golfview Heights S/D, Plat #8	Extension	40,000.00*
Greenfield Manor S/D	New water storage reservoir	1,500.00
Greenville	New water supply system (Negro school)	5,900.00
Greenville Manor	Extension of mains	26,700.00*
Gulf Breeze (Casablanca S/D)	Additions to water system	25,000.00
Highpoint S/D	Water distribution extensions	11,160.00
High Ridge Water Plant No. 1	Extension to water system	39,500.00*
Holly Hill	Additional water treating and distribution facilities	125,000.00*
Holly Hill (Clifton Park S/D)	Distribution system extensions	9,600.00**
Hollywood (Lawn Acres S/D)	Extension	19,027.50
Housing Authority of Miami	Water distribution system	75,000.00**
Jacksonville (Arlington East S/D)	Water system extensions	4,440.00
Jacksonville (Arlington Hills S/D, Units 3 and 3-A)	New water supply facilities	72,000.00
Jacksonville (Brookview S/D)	Water extensions	2,880.00
Jacksonville (Brookview and Arlington East S/D)	Water system extensions	7,000.00
Jacksonville (Cedar Shores Manor)	Water system extensions	11,400.00
Jacksonville (Edenfield Terrace and Kimbrell Pines)	Alterations and extensions	6,600.00
Jacksonville (Highlands S/D)	Additional Water supply facilities	17,900.00
Jacksonville (Highlands S/D, Unit 6)	Water system extensions	12,200.00**
Jacksonville (Highlands S/D, Unit 7)	Water system extensions	17,500.00
Jacksonville (Holiday Hill S/D)	New system	115,000.00
Jacksonville (Holly Oaks Forest S/D)	Additional water mains	12,000.00**
Jacksonville (Lynnwood S/D)	New water pumping station	5,000.00
Jacksonville (Man-De-Lor S/D)	Drilled and cased artesian well	35,000.00
Jacksonville (Naval Villa Park S/D, Unit 2)	Water distribution system	4,800.00
Jacksonville (San Jose S/D)	Drilled and cased well	5,100.00
Jacksonville (San Jose Shores S/D)	New water supply facilities	17,500.00**
Jacksonville (Sans Souci S/D)	Drilled and cased well	6,000.00

TABLE 42—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED - 1954

Municipality	Project	Est. Cost
Jacksonville (Sans Souci S/D)	Water distribution facilities	20,861.00
Jacksonville (Sans Souci S/D)	New Water pumping station ..	39,000.00
Jacksonville (Sans Souci S/D)	Water system extensions	7,820.00
Jacksonville Beach	Extensions	110,000.00
Jasper	Water main extensions$	18,000.00
Jupiter (Retirement Village)	New system	80,000.00
Jupiter (Jupiter Inlet Beach Colony, Incorporated)	New system	125,000.00
Lake City	Water main extensions	15,000.00
Lake Forest S/D	Extensions	
Leesburg	Alteration and extension	252,000.00
Leisure City (Dixie Cup Manor S/D)	Extension to water system	2,500.00**
Loretto (St. Joseph's School)	New water system	8,300.00
Mansionette Homes, Section 2	New water supply and system	90,000.00**
Mansionette Homes, Section 2	Extensions	6,500.00 *
Marianna	6" and 8" extension and new well	26,000.00**
Mashta Island (Key Biscayne)	Extension	20,000.00
Miami (Tropical Highlands S/D)	Extension	6,000.00**
Miami (Tropical Highlands S/D)	Extension to 3rd Addition	15,000.00**
Miami (Tropical Highlands S/D)	Extension	6,500.00
Miami Springs	Extension to water system	25,000.00**
Miami Springs (Kings' Lake S/D)	New system	48,000.00
Milton	Additional supply well	9,500.00**
Miramar S/D	New system	45,000.00
Myrtle Grove S/D	New water supply and treatment plant	175,000.00**
Myrtle Grove Estates S/D	Elevated storage, connecting main	60,000.00
Naples	New water treatment plant	350,000.00*
Naples (Coquina Sands S/D, Unit 1)	Extension	28,000.00
Nassau S/D	New system	*
New Smyrna Beach	Water main extension	20,000.00**
North Andrews Terrace	Water distribution system	**
North Miami	Extension	48,300.00
North Miami (Norwood Corporation)	Extensions to Weston Village and Parkmoor Manor	20,000.00*
North Miami (Norwood Corporation	Extensions to Vivian S/D and Sierra Mirado	45,000.00
Ocala (Glenayer S/D)	Water main extension	18,286.43**
Ocala (Ocala Highlands S/D)	Extension to water system	13,169.40
Ocala (Ocala Highlands S/D, Citrus Drive Addition)	Extension to water system	38,148.95*
Ocala (Ocala Highlands S/D, Edwards Addition)	Extension to water system	7,589.55
Oceanway Manor S/D	New plant and system	32,000.00
Ojus	Extension from North Miami Beach	110,000.00

TABLE 42—Continued
PUBLIC WATER SUPPLY PROJECTS APPROVED - 1954

Municipality	Project	Est. Cost
Ollie Villa, Unit 2	Water system extensions	1,440.00
Olustee (Olustee Battlefield Memorial)	Sprinkler and water system	2,000.00**
Orange Heights S/D	New system	4,000.00
Orlando	Alteration of distribution system$	97,000.00
Orlando	Ground reservoir and repumping station	170,000.00*
Orlando (Conway Park S/D, Block C)	New system	5,000.00
Orlando (Fairview Gardens S/D)	New system	1,500.00
Orlando (Hewett Heights S/D)	New system	4,800.00
Orlando (Orlando Acres S/D)	New system	4,500.00
Orlando (Ranchette S/D)	New system	4,800.00**
Ormond Beach	Two new water supply systems	1,100.00
Ormond Beach	Raw water supply line	20,000.00
Osceola Forest, Unit 1	New water works	50,000.00**
Palmland Estates S/D	Extension from Myrtle Grove S/D	65,000.00
Panama City	Additions to water system	30,400.00
Panama City (St. Andrews State Park)	Two water supply systems	3,200.00
Perry	Relocation of existing facilities	43,000.00
Placida (Cape Haze Corporation)	New system, Phase I	95,000.00**
Placida (Cape Haze Corporation)	Water distribution system extensions to Gasparilla Fishery	12,000.00
Pompano Beach (Lyons Park)	Extension	100,000.00**
Pompano Beach Highlands	Treatment plant, pumping station and distribution system	300,000.00
Port St. Joe	Alteration of water works	125,000.00
Riviera Beach (Blue Heron Park, Plat No. 5)	Extensions	11,000.00
St. Augustine	Underwater crossing of Matanzas River	38,000.00
St. Augustine	Water works improvements	400,000.00
St. Augustine (Anastasia Sanitary District)	New water supply system	200,000.00
St. Augustine (Florida Park Service)	New system	277.00**
St. Petersburg	8" water main extensions	15,961.20**
St. Petersburg	30" water main extensions	8,227.25
Sanford	Pump, mains, elevated tank ..	180,000.00*
Sanlando Springs	New system	6,000.00
Seabrook Point	Extension	5,500.00
South Coral Homes S/D	Extension	19,500.00
Southwood Village	Water distribution system	10,000.00**
Tallahassee	New water system for S/D for George Petrandis	15,330.00
Tallahassee	New water system for S/D for William Speed	6,000.00
Tampa	New high service pump and feeder main	495,000.00*

TABLE 42—Continued

PUBLIC WATER SUPPLY PROJECTS APPROVED - 1954

Municipality	Project	Est. Cost
Tarpon Springs	Water main extensions	
Valparaiso	Extensions	$ 12,000.00
Venice Park (Flagler Beach)	Extensions to water system	2,200.00
West Coral Way Area (Community Utilities Corporation)	New system	50,000.00**
West Coral Way Area (Community Utilities Corporation)	Extension	17,000.00
Westwood Manor Estates	Extension	35,000.00
Wilton Manors	Water main extension	70,000.00**
Wilton Manors (Boulevard Estates S/D)	Extensions	
Winter Park	Deep well, reservoir and pumping station	95,000.00
		$ 7,176,940.80

* Under construction
** Completed

EDUCATIONAL AND PROFESSIONAL ACTIVITIES

In-service training of water plant operating personnel has continued during the year, with considerable emphasis on regional short courses. Field engineers in the counties and the districts, together with central office personnel have lent much assistance to the organization, administration and instruction involved in the programs of study and demonstration. Courses were held at Tampa-St. Petersburg area, Miami, Panama City, Orlando and Jacksonville in 1954. In large measure, credit is due the Florida Water and Sewage Works Operators Association, sponsor of the regional short courses, as well as the University of Miami, St. Petersburg Junior College and the General Extension Division of the University of Florida. The programs of in-service training at more or less local areas were designed to supplement the full one-week short course for operators held in June at the University of Florida under the auspices of the General Extension Division and State Board of Health.

The Second Annual Short Course for swimming pool operators, previously mentioned, was held in the Miami area and with which central office personnel assisted in preparation of course material and its presentation.

During the year numerous conferences and consultations were held by personnel of the section with municipal officials and their engineers and also with health department engineers in the field. Water supply and treatment section members actively participated in affairs of professional and technical groups, holding office and performing committee work to which appointed.

TABLE 43

PERMITS ISSUED FOR SWIMMING POOLS, NATURAL BATHING PLACES, BOTTLED WATER PLANTS, AND DRAINAGE WELLS: PLANS APPROVED FOR PROPOSED PUBLIC SWIMMING POOLS, BY COUNTIES, 1954

COUNTY	PERMITS ISSUED				Plans Approved For Proposed Public Swmming Pools	
	Swimming Pools	Natural Bathing Places	Bottled Water Permits	Drainage Wells	Number	Estimated Cost
STATE	570	45	25	337	164*	$2,446,277.00
Alachua	3	2	1		2	19,000.00
Bay		1			1	22,000.00
Brevard	5					
Broward	88	2	1	21	41	558,950.00
Citrus	2				1	18,000.00
Clay	1	8				
Collier	1			1		
Columbia	1					
Dade	330	1	8	274	52*	974,000.00
Duval	15		1		2	88,500.00
Escambia		1				
Franklin		1				
Hamilton		1				
Hendry	1					
Highlands	1	1				
Hillsborough	4	4	1	10	1	8,300.00
Indian River	2		1		1	9,500.00
Jackson	1				1	40,000.00
Lake	5				2	29,000.00
Lee	3		1		2	18,000.00
Leon	4	3		4		
Liberty		2				
Manatee			1	1		
Marion	1	2		2	6*	66,900.00
Martin	3	1	1			
Monroe	2				1	25,000.00
Nassau		1				
Orange	5	1	1	11	4	144,400.00
Palm Beach	41	1	4	3	21	163,877.00
Pasco					1	6,800.00
Pinellas	18	2	2	8	15	250,500.00
Polk	4	3	1	1	2	58,000.00
Putnam	1					
St. Johns	4				1	11,000.00
St. Lucie	5		1		1	8,500.00
Sarasota	7	1	2		1	12,500.00
Seminole	4	4	1			
Taylor	1		1			
Volusia	11		1	1	4	47,500.00
Wakulla		1				
Washington	1	1				
Out-of-State			5			

*Includes 5 from Dade and 1 from Marion County with estimated cost unstated.

Articles by staff members include:

Miller, J. B. — Sanitary Requirements of Subdivision Regulations. Vol. VIII, No. 5, May 1954, Engineering Progress at the University of Florida (Presented at Seventh Florida Municipal and Public Health Engineering Conference, March 9 and 10, 1954.)

Nord, Robert A., The Pollution of Confined Air by Domestic Gas Heaters. Journal, Florida Engineering Society, Vol. VIII, No. 2, August, 1954.

Wells, S. W. — Hydrogen Sulfide Problems of Small Water Supplies. Vol. 46, No. 2, February 1954, Journal American Water Works Association.

SEWAGE AND INDUSTRIAL WASTES

JOHN W. WAKEFIELD, M.S. Eng.

DOMESTIC SEWAGE

The year 1954 brought to culmination a campaign that had been waged bitterly since 1947 to discredit the individual septic tank and drain field as a means of sewage disposal for urban areas. While a few developers had taken the plunge in the immediately preceding years, all of them combined could not equal the more than 53 separate sewerage projects approved to serve subdivisions during 1954. Not only has the public become more conscious of the unreliability of septic tanks in built-up areas, but also many officials who previously have supported the use of septic tanks have now joined the ranks of those advocating public sewerage systems as the only dependable method of waste disposal in built-up suburban areas.

Municipalities likewise have continued the rapid expansion of sewerage facilities and sewage treatment plant construction. While the dollar value of plans approved in 1954 cannot approach the all-time high reached in 1952 when the City of Miami submitted projects totaling $24,000,000, the number of projects approved in 1954 does set a new record by a wide margin. Plans were approved for 126 separate projects which were estimated to cost $17,901,544. Table 46 lists 88 projects which were estimated to cost over $10,000 each, while 38 projects costing less than $10,000 are lumped into a single listing. Of these listed, 43 entailed new or additional treatment facilities estimated to cost $4,732,415. It is of interest to note that a very appreciable part of the cost of sewerage facilities is allocated to lift stations. This is indicative of the effects of Florida's flat topography on the cost of sewerage systems.

For several years, attention has been called in each Annual Report to the ever-increasing problem of sewage treatment plant operational supervision. The number of plants requiring supervision has grown

from a handful in 1945 to almost 200 in December, 1954. Thirty-nine new sewage treatment plants had been completed or were under construction during 1954. Of these, 27 plants were to serve subdivisions and almost all of these are owned and operated by individuals or companies. These small installations cannot be expected to receive the same type of operation as a large municipal plant would receive, and the need for good regulatory supervision is even greater than for larger publicly owned systems. It is fortunate that most of these subdivision installations are in counties having sanitary engineers on the county health department staff but, even so, a growing need exists for a continuous in-service training program for plant operators and a continuous educational campaign to acquaint public officials and private owners with the importance and need of good operation and maintenance of sewage treatment plants.

In the meantime, the flood of plans and specifications which has descended upon the State Board of Health, especially during the latter part of 1954, has required the efforts of every available engineer. Training activities have been limited to regional and state-wide operator short courses, and all but the most urgent requests for consultation services on operational problems have been denied. Even so, applications for approval of plans have accumulated and a large back-log of unprocessed projects has been carried over into the new year.

In order to properly review and approve sanitary sewerage plans alone at the rate they are now being submitted, at least two engineers should devote full-time to this activity. Two additional engineers should devote full-time to operational supervision and in-plant training. At the present time, one engineer is available on a full-time basis with one engineer and one sanitarian dividing their time between sewerage and industrial waste projects.

INDUSTRIAL WASTE

Industrial production continues to increase at a rapid rate. Phosphate rock mining, canned and concentrated citrus products, and pulp and paper production all increase year by year. It follows inevitably that the quantity and seriousness of industrial pollution also increases proportionately.

From the standpoint of industrial waste, the most important development during 1954 was the completion and placing in operation of four new triple superphosphate plants and a large synthetic fiber plant. Three of the new phosphate plants are in the Alafia River Basin while the fourth is in the same area but discharges into the Peace River system. The synthetic fiber plant, one of the largest of its type in the country, is on the Escambia River.

The operation of the triple superphosphate plants near the headwaters of the Peace and Alafia Rivers poses a very definite threat to the legitimate uses of those streams. Unless corrective measures are taken, the

discharge of acid and high fluoride wastes into these waters may cause major damage to the biological life of these streams, may affect the use of these waters for stock and wildlife watering and, in one case, may overload the treatment facilities of a city water supply. A limited amount of work has been done on this problem and conferences have been held with industrial management, but the need is for close regulation and supervision to detect unsatisfactory practices before major damage can ensue. To carry out this type of program would require full-time personnel located in that vicinity. Lacking adequate personnel only occasional check samples can be obtained and the adequacy of corrective measures is more or less on a voluntary basis on the part of industrial management.

Brief check surveys have been made on the operation of previously reported pulp and paper mills on the Withlacoochee (northern) and Fenholloway Rivers. In the first case, the utilization of favorable terrain makes possible a series of lagoons through which the waste passes before discharge into the river. Effectiveness of treatment is estimated to be better than 90 per cent and a brief biological survey indicates that little or no damage has been done to the stream.

In the other case, waste from a large bleached sulfate plant is passed through a primary settling tank to remove fiber before it is discharged into the Fenholloway River at Foley, Florida. A brief biological survey in this case indicates major damage. Special legislation removes this county from regulatory control.

In the citrus field, pilot plant experiments continue to indicate that conventional treatment methods can be devised to handle these wastes. One citrus plant has installed a plant scale chemical precipitation process prior to discharging into existing lagoons. Results are not conclusive. Two plants are operating pilot plant studies, one of activated sludge and the other using a trickling filter. A third large citrus plant has installed spray irrigation, results of which are being watched with interest.

An old recurrent problem again caused difficulty in the Pensacola area. Two large industrial plants discharge a combination of high organic and high suspended solids wastes into a large bayou. The bottom of the bayou has been found to be coated with sludge and the waters are at times devoid of oxygen. The plants have been in existence for many years but the recent encroachment of subdivision developments around the bayou has made the condition critical. Demands of residents for corrective action continue while industrial management protests the high cost of adequate treatment.

There have been several complaints of fish kills with citrus canning plants implicated and there have been two civil suits based on the production of odors from citrus wastes. Several civil cases involving phosphate mining slimes were settled out of court. It appears from the

number of complaints, suits, publicity, etc. that sentiment is growing for special legislation to control water pollution, and unless added emphasis is given this subject by the State Board of Health, there is a possibility that an independent agency for that purpose will be created.

Relatively few plans and specifications for industrial waste treatment facilities are submitted to the State Board of Health for approval. Most industrialists think of the waste plant as a part of the manufacturing plant and it does not occur to them that this organization has an interest in such matters. Plans and specifications for one major waste problem, that of toxic metal plating wastes from the Sperry Corporation plant in Gainesville, were approved in 1954. However, a problem of great importance, due to the numbers of small installations, is that of laundry waste disposal in unsewered areas. Plans were submitted during 1954 for 21 such treatment plants ranging from chemical precipitation through trickling filters to trickling filters followed by sand filtration. The cost of individual installations is relatively small but in the aggregate they probably cost close to $100,000, and one improperly operating plant can be as much of a nuisance as a $1,000,000 sewage treatment plant.

TABLE 44

INDUSTRIAL WASTE PROJECTS APPROVED IN 1954

County	City	Project Description	Cost
Alachua	Gainesville	Sperry Electronics Plant (metal waste treatment plant)	$30,000
Broward	Ft. Lauderdale	4 laundry waste treatment plants	11,000
Dade	Hialeah	Abattoir waste treatment	1,600
Dade	Miami	11 laundry waste treatment plants	22,800
Dade	Miami Beach	Shop and store waste treatment (Royal Castle System)	4,000
Dade	Miami Springs	Laundry waste treatment	2,300
Duval	Arlington	Laundry waste treatment	1,850
Duval	Arlington	Shopping center waste treatment	1,000
Duval	Jacksonville	5 laundry waste treatment plants	7,800
Duval	Jacksonville	Restaurant waste treatment	1.500
Hillsborough	Tampa	Dairy waste treatment	15,000
Pinellas	Bay Pines	Laundry waste treatment	1,900
Pinellas	Largo	Laundry waste treatment	1.600
Pinellas	Pinellas Park	Laundry waste treatment	1,500
Pinellas	St. Petersburg	3 laundry waste treatment plants	5,900
Sarasota	Sarasota	Laundry waste treatment	2,000
		TOTAL	$111,750

STREAM SANITATION

Multiple purpose stream sanitation studies have been somewhat limited during 1954 by the shortage of personnel. Continuing check sampling of troublesome streams such as the Peace and Alafia Rivers and Bayou Chico in Pensacola, already mentioned, as well as Ribault River and Moncrief Creek near Jacksonville were undertaken on a rather sporadic

basis. A check survey of St. Andrews Bay following completion of a new sewage treatment plant at Panama City showed very promising improvement. A similar check survey of Daytona Beach showed no marked change since the last study was made.

Special mention must be made of the continuing study of and controversy over pollution in the St. Johns River in the vicinity of Jacksonville. City officials continue to insist that treatment of sewage from Jacksonville is not a necessity while State Board of Health personnel insist just as strongly that conditions are already severe and at least primary treatment is indicated. Samples obtained during a one-day tidal-cycle survey indicated that while dissolved oxygen resources of the main stream have not been appreciably depleted, the bacteriological content has increased and a greater portion of the stream is now unsatisfactory for recreational or shellfish culture purposes. The city contends that these uses are not important while the State Board of Health considers the St. Johns River to be potentially and actually a recreational stream and certain tributaries have in the past been oyster growing waters. The investigation and the controversy continues.

Surveys of receiving waters are an integral part of most industrial waste studies and brief but time-consuming studies have been made in connection with such studies on citrus plants and particularly in connection with previously mentioned studies of triple superphosphate wastes. There is little doubt that other unsatisfactory conditions could be found by routine fact-finding surveys, but limited personnel requires that efforts be restricted to critical problems about which complaints are being received.

TABLE 45

LABORATORY ANALYSIS STREAM SANITATION—SEWAGE AND INDUSTRIAL WASTES

	D.O.	B.O.D.	pH	Color Turbidity	Suspended Solids	Settleable Solids	Chlorides	Flow Measurement	Temperature	Fluorides	Misc. Chem.	H_2S	Bacteria	Biological Identifications
Number of Samples	834	747	359	10	131	71	111	104	436	30	300	85	539	10,700

DRAINAGE WELLS

Unsatisfactory drainage wells are slowly being eliminated and the new installations adhere quite well to stated policy. During 1954, 337 permits for drainage wells were issued of which slightly less than 300 were in Dade and Broward Counties. Most of these were for cooling water from closed air conditioning systems although a goodly number were effluent from swimming pools and a few were for highly treated laundry and restaurant wastes. In these latter cases, the wells were drilled to a strata containing water high in chlorides. From the standpoint of health significance, the drainage well program is probably quite adequate, but from the standpoint of water resources control, present practices can become very wasteful. A need exists for a control authority to prevent the exchange of heat from waste wells to supply wells.

EDUCATIONAL AND ORGANIZATIONAL ACTIVITIES AND PUBLICATIONS

The most significant achievement in the field of sewage and industrial wastes was the election of Bureau Director David B. Lee as president of The Federation of Sewage and Industrial Wastes Associations. This is the first time that a southeastern representative has achieved that distinction.

In an attempt to increase the effectiveness of short course training for water and sewage plant operators, the Florida Water and Sewage Works Operators Association, with the cooperation of the State Board of Health and the University of Florida, held 5 regional short courses during the year in addition to the annual short course at the University of Florida. As a result of this decentralized program, 273 sewage works operators were enrolled for the short courses. In conjunction with all of the short courses, examinations were given for certification by the Operators Association.

The following shows the progress of certification during 1954:

	Types of Certificates		
	A	*B*	*C*
Examinations Given	4	27	81
Certificates Earned	3	19	36

In spite of these efforts (due to the rapid increase in the number of sewage treatment plants), a definite shortage of qualified operators continues to exist.

Technical bulletins by the section staff included:

Beck, William M., Jr. Studies in Stream Pollution biology. Quar. Jour. Fla. Acad. Sci. 17:211-227, 1954.

Wakefield, John W., O'Neal, Ben F. and Kelso, Foymae S. Citrus waste disposal practices and research. Purdue University. Industrial waste conference. Proceedings, 9th, 1954.

Wakefield, John W. Fringe area sanitation problems in Florida. University public health engineering conference. Proceedings, 7th, 1954.

TABLE 46

SUMMARY OF PUBLIC SEWERAGE PROJECTS APPROVED IN 1954

COUNTY	PROJECT DESCRIPTION	ESTIMATED COSTS			
		Sewers	Lift Stations	Plant	Total
Alachua	Airport Industrial Utilities (Gainesville)	$ 3,000	$	$ 12,000	$ 15,000
Alachua	Florida Farm Colony (Gainesville)			125,000	125,000
Alachua	Gainesville, City of	33,882			33,882
Bradford	Starke, City of	40,000	8,000		48,000
Brevard	Cocoa, City of	11,000			11,000
Broward	Broward Estates S/D	50,000	12,000	175,000	237,000
Broward	Fairfax Village S/D (Broilliar Addition)	77,163	18,000	78,000	173,163
Broward	Ft. Lauderdale, City of (South New River Isles S/D - Sec. B)	10,000	15,000		25,000
Broward	Hollywood, City of	2,000,000	250,000	750,000	3,000,000
Broward	Lauderdale Isles S/D	15,400	14,000		29,400
Broward	Lyons Park S/D	90,000	33,000	60,000	183,000
Broward	Miramar S/D	21,300	26,000	23,000	70,300
Broward	Pompano Beach Highlands S/D	100,000	50,000	100,000	250,000
Broward	South Florida Mental Hospital	90,000	20,000	100,000	210,000
Broward	Punta Gorda, City of	33,418	10,420		43,838
Charlotte	Village of Picardy & Paradise Point Villas S/D	16,500	14,000	10,500	41,000
Citrus	Naples, City of (Lake Manor S/D)				15,000
Collier	Belmont Park	15,000	10,000	35,000	60,000
Dade	Coral City S/D			158,000	158,000
Dade	Coral Gables, City of	1,360,000	240,000	650,000	2,250,000
Dade	Homestead, City of	250,000			250,000
Dade	Homestead Air Force Base	92,600	132,400	281,800	506,800
Dade	Larchmont Gardens S/D	58,300	19,400		77,700
Dade	Miami, City of	277,500	40,000		317,500
Dade	Miami Low Rent Housing Project, Fla. 5-4	150,000	10,000		160,000
Dade	Myrtle Grove S/D	76,344	16,646	100,000	192,990
Dade	South Coral Homes S/D	169,890	46,600	101,365	317,855
Dade	Sunny Isles S/D	40,000	36,000	132,000	208,000
Dade	West Coral Way S/D	123,000	40,000	134,000	297,000
Duval	Arlington East S/D	10,420			10,420
Duval	Azalea Terrace S/D	25,000		18,000	43,000
Duval	Cedar Hills S/D	69,105	9,000	60,000	138,105
Duval	Cherokee Park S/D			95,000	95,000
Duval	Floradale S/D	8,721	2,250		10,971
Duval	Highlands S/D, Units 3, 6, 7, 8	49,560	26,513		76,073
Duval	Jacksonville Beach, City of	175,000	20,000		195,000
Duval	Monterey S/D	44,100	12,000	27,250	83,350
Duval	Oceanway Manor S/D	32,000		33,000	65,000
Duval	Osceola Forest S/D, Unit 1	50,000		34,000	84,000
Duval	San Jose Shores S/D, Sect. 1	9,600	3,000	10,000	22,600
Duval	San Souci S/D	43,800		60,000	103,800
Duval	Spring Park & Rodney S/D (Connection to Cherokee Park S/D)	30,500	2,500		33,000
Duval	Springdale & South Pines S/D (Connection to Cherokee Park S/D)	28,000			28,000
Escambia	Pen Haven S/D & Oakcrest S/D	13,000	21,000		34,000
Gadsden	Florida State Hospital (Chattahoochee)	30,000			30,000
Hamilton	Jasper, City of	111,000		66,000	177,000
Hillsborough	Gandy Blvd. Park S/D	36,000	4,500	4,500	45,000
Hillsborough	Gandy Gardens S/D & Gandy Manor S/D, Units 1 and 2	102,200	16,500	100,000	218,700
Hillsborough	Guernsey Estates S/D	80,000	10,000	20,000	110,000
Hillsborough	Lincoln Gardens S/D	33,000	4,000		37,000
Hillsborough	MacDill Estates S/D	20,000	5,000	10,000	35,000
Hillsborough	Manhattan Manor S/D, No. 3	38,800	5,500		44,300
Hillsborough	Marvel Homes S/D	12,237	4,000	10,000	26,237
Hillsborough	Norma Park S/D system & plant additions in Anita S/D	30,000	7,000	5,000	42,000
Hillsborough	Tampa, City of	840,350	201,300		1,041,650
Hillsborough	Wellswood S/D (Ayala's Addition)	15,000	5,000		20,000
Indian River	Vero Beach, City of	14,000	2,500	3,000	19,500
Manatee	Bradenton, City of	695,000	325,000	650,000	1,670,000
Manatee	Dahlia Gardens S/D	29,250	4,750		34,000
Nassau	Fernandina Beach, City of	30,000			30,000
Okaloosa	Crestview, City of	75,000	25,000		100,000
Orange	Apopka, City of	15,146	5,400		20,546
Orange	Azalea Park, Sect. 7	51,500		18,000	70,500

TABLE 46 (continued)

SUMMARY OF PUBLIC SEWERAGE PROJECTS APPROVED IN 1954

COUNTY	PROJECT DESCRIPTION	ESTIMATED COSTS			
		Sewers	Lift Stations	Plant	Total
Orange	Bunche Manor S/D	14,400			14,400
Orange	Englewood Park S/D	30,000	20,000		50,000
Orange	Lake Lawnee Shores S/D	25,000		15,000	40,000
Orange	Pine Hills S/D, No. 8, 9, 10, 11	95,400			95,400
Orange	Washington Shores S/D	56,500			56,500
Orange	Winter Park, City of	194,000			194,000
Osceola	Kissimmee, City of	185,000	15,000	200,000	400,000
Palm Beach	Golfview Heights S/D, No. 8	116,000	10,000	38,000	164,000
Pinellas	Clearwater, City of	71,746	25,140		96,886
Pinellas	Dunedin, City of	46,766	13,200		62,966
Pinellas	Edenville S/D	5,000		5,000	10,000
Pinellas	Largo, City of			70,000	70,000
Pinellas	North Redington Beach, City of	70,000	23,000		93,000
Pinellas	Redington Beach, City of	190,000	60,000		250,000
Pinellas	St. Petersburg, City of	150,000			150,000
Pinellas	Treasure Island, City of	27,900	13,500		41,400
Polk	Bartow, City of (Commerce Park S/D)	5,500	7,600		13,100
Polk	Frostproof, City of	25,000		50,000	75,000
Polk	Lakeland, City of	167,656	57,385		225,041
St. Lucie	Ft. Pierce, City of (relocation)	51,058	5,250		56,308
Sarasota	Sarasota, City of (Loma Linda Homes S/D)	11,763			11,763
Seminole	Sanford, City of	762,000	59,000		821,000
Taylor	Perry, City of	18,000	27,000		45,000
Volusia	Daytona Beach, City of	82,000	14,700	105,000	151,700
Volusia	Deland, City of	267,700	26,200		298,900
Miscellaneous	38 other minor projects (including public sewerage projects valued less than $10,000 each)				320,000
TOTAL					17,901,544

TABLE 47

SEWAGE TREATMENT PLANTS COMPLETED IN 1954

COUNTY	PROJECT DESCRIPTION	Design Population
Alachua	Florida Farm Colony, Gainesville	2,500
Broward	Broward Estates S/D*	7,000
Broward	Fairfax Village S/D	1,750
Broward	Hollywood, City of*	30,000
Broward	Lyons Park S/D*	438
Broward	Pompano Beach Highlands	4,200
Citrus	Village of Picardy & Paradise Point Villas	150
Dade	Belmont Park S/D	800
Dade	Carol City S/D*	5,250
Dade	Coral Gables, City of*	25,000
Dade	Homestead Air Force Base*	10,850
Dade	Myrtle Grove S/D	4,200
Dade	South Coral Homes S/D*	1,750
Dade	Sunny Isles S/D*	2,920
Dade	West Coral Way S/D*	3,500
Duval	Azalea Terrace S/D	497
Duval	Brookview S/D	1,400
Duval	Cedar Hills S/D	2,450
Duval	Cherokee Park S/D	3,500
Duval	Monterey S/D*	2,000
Duval	Naval Villa Park S/D (Ortega Hills)*	550
Duval	Oceanway S/D*	875
Duval	Osceola Forest S/D*	740
Duval	San Jose Shores S/D*	315
Duval	San Souci S/D*	2,100
Duval	State Farm Mutual Ins. Co. Bldg.	514
Hamilton	Jasper, City of	3,000
Hillsborough	Anita S/D (added capacity for Norma Park S/D)	455
Hillsborough	Gandy Blvd. Park S/D (added capacity)	315
Hillsborough	Gandy Manor S/D	2,100
Hillsborough	Guernsey Estates S/D	450
Hillsborough	MacDill Estates S/D	437
Hillsborough	Margaret Anne S/D	140
Jackson	Graceville, City of*	2,500
Manatee	Bradenton, City of*	30,000
Orange	Lake Lawnee Shores S/D*	525
Osceola	St. Cloud, City of	8,000
Palm Beach	Golfview Heights S/D	1,440
Pinellas	Edenville S/D	151
Pinellas	Largo, City of	2,000
Polk	Highland Hills S/D	1,750
	TOTAL	168,512

*Under construction December 31, 1954.

ENVIRONMENTAL SANITATION

CHARLES E. COOK, C.E.

The Environmental Sanitation Section was organized within the Bureau during the latter part of 1953. This section, consisting of two sanitary engineers, two sanitarians and related field personnel, became fully operative on January 1, 1954. The primary function of this section is the control of those environmental factors of sanitation not included in public water supplies and wastes disposal. The following outline lists the designated areas of its responsibility.

ENVIRONMENTAL SANITATION SECTION

Areas of Responsibility

I. Fringe Area Sanitation
 - A. Subdivision — FHA and VA
 - B. Individual sewage disposal
 1. FHA certification
 2. VA certification
 3. Special — septic tank design and regulations
 - C. Private Water Suppliers

II. Shellfish Sanitation and Control
 - A. Oyster permits and inspection
 - B. Crabmeat permits and inspection
 - C. Laboratory — sampling

III. Food Sanitation
 - A. Food Processing Plants
 - B. Restaurants
 - C. School Lunch Rooms
 - D. Food Handlers' Training

IV. Tourist and Trailer Courts

V. Camps

VI. Schools

VII. Bedding Inspection Act
 - A. Administration
 - B. Field Inspections
 - C. Enforcement of Regulations

VIII. Miscellaneous
 - A. Nuisance complaints
 - B. Plumbing regulations
 - C. Educational and Publications

I. FRINGE AREA SANITATION

Building construction in residental housing increased constantly throughout the year and became one of the state's most important activities. The continued control of sewage disposal methods and source and type of water supplies in land developments, through the cooperative agreement with the two Federal Insuring Agencies, brought on a heavy burden of work and responsibility in this field.

Field surveys, including soil analyses, drainage, percolation tests and recommendations, became a full-time activity of one or more sanitarians in many county health departments. The regional sanitary engineers devoted more hours to this work than in any previous year. The supervision, reviews, certifications and records of the sewage disposal requirements for adequate subdivision development was the major activity of of this section during 1954. As the number of subdivisions and extent of land areas have increased, so has the importance of adequate fringe area sanitation and the need for controlled standards. Progress is being made and the policies and criteria of this bureau are becoming recognized and accepted as essential to satisfactory land developments. Only five subdivisions were approved for development without community or public water supply.

Four hundred seventy subdivision plats were reviewed and processed during the year. Favorable certifications were made on 444 containing a total of 21,355 lots for the use of individual sewage disposal systems consisting of septic tank and conventional sub-surface drainage. Due to extreme size, topography or soil characteristics, recommendations were made for 26 subdivisions to have sewage treatment process or to have extensions of the municipal sewers. The approval of plans for subdivision sewerage by the sewage and waste disposal section reflects partly the activity of this section in this regard.

Individual sewage inspection reports forms were approved for 13,616 installations of septic tanks after final inspections by county health department personnel. Private water supply inspection report forms (2217) were processed for 72 lots. The recording and filing of these many exhibits and checking correspondence and inspection reports with certified subdivision is a time-consuming function.

Out of the 444 subdivisions processed favorably for the use of septic tanks, 25 of these developments contained over 100 lots apiece, 13 contained over 200 lots and 2 contained over 300 lots. These developments were processed with an opinion from this agency that sewers and sewage treatment plants should be provided. However, these recommendations were not accepted by the developer or either of the loaning agencies (FHA, VA).

II. SHELLFISH SANITATION AND CONTROL

A. *Oysters.*

There was little change in the total production of oysters during 1954.

For the first time two repackers of oysters were certified to repack, then freeze oysters. More emphasis was placed on the sanitation in oyster bars and at fishing camps where shellstock is handled. Sampling of the oyster growing waters in Apalachicola Bay was done almost daily to maintain the precise control over the bars from which oysters are tonged (See Table 48).

B. *Crabmeat.*

Great strides were made in 1954 by the crabmeat industry in producing better quality crabmeat. Stepped-up inspections and conferences with the operators of the crabmeat plants lead to improvements in the handling of the product. During the year, all of the plants began to adequately cook their crabs by either raising the cooking temperature or the time of cooking. By the end of the year 70 per cent of the plants were using stainless steel picking tables; 50 per cent were using walk-in coolers and 15 per cent were conducting their own laboratory quality control. About $30,000 was spent during 1954 to construct new facilities in the crabmeat plants.

Close liaison was maintained with the officials of the U. S. Pure Food and Drug Administration and the New York City Department of Health to aid in the control of the quality of crabmeat in interstate shipment. Laboratory bacteriological testing techniques and informal standards were established for bacterial quality of crabmeat during 1954 (See Table 48).

C. *Laboratory.*

Laboratory activities with shellfish increased during 1954. There was a 40 per cent increase in the number of bacteriological samples run in connection with oyster growing waters. Procedures were established both in the Apalachicola and Jacksonville laboratories for bacteriological testing of crabmeat for the following organisms: total bacteriological counts, coliform organisms (MPN), enterococcus counts, and hemolytic staphylococcus aureas counts.

Several of the plants carried out testing procedures for heat treatment of canned fresh crabmeat following information given them by this office. One plant was successful in devising a method for the heat treatment of crabmeat commercially.

TABLE 48
SUMMARY OF ACTIVITIES—SHELLFISH PLANTS

Description	Operating Certificates Issued	State Inspections Made	New Plants Constructed	Plants Remodeled
Oyster Shucking and Repacking	51	428	5	3
Oyster Shellstock only	12	140	4	1
Clam Shucking	1	3	—	—
Scallop Shucking	2	5	—	—
Crabmeat Shucking	34	441	1	1

Additional Activities in Relationship to Shellfish	
Oyster growing area pollution surveys	8
Oyster growing area water samples bacteriologically tested	3437
Oyster meat samples bacteriologically tested	109
Crabmeat samples bacteriologically tested	509
Drinking water samples bacteriologically tested	476
Oyster growing water salinity samples	2300
Swab tests	245

III. FOOD SANITATION

A. *Food Processing Plants.*

Increased supervision was given by a number of counties to the maintenance of sanitation standards in the operation of food processing plants. This interest came about in part as a result of revised requirements which embraced more types of establishments than were included under past regulations. A total of 82 plants were permitted to process food on the basis of inspection reports and recommendations received from health departments. (Table 50)

B. *Restaurants.*

Although the public health administrative responsibility for restaurant sanitation is delegated to county health departments, the central office personnel render consultation service to assist in the fulfillment of this task. According to the last report of the State Hotel and Restaurant Commission, which is the state licensing agency, 13,743 restaurants with a total seating capacity of 661,365 have been permitted to operate in Florida. To adequately supervise food service establishments requires considerable attention by health departments. At present, this aspect of environmental sanitation shows that more emphasis is needed, because of the growth of the industry and the increased potential for disease spread. Restaurant plans have been reviewed in regard to layout, water

supply and sewage disposal. The facilities approved by this bureau are included in the reports of the Water Supply and Treatment Section, the Sewage and Industrial Waste Section and Drafting.

C. *School Lunch Rooms.*

The interest of this section in school food service is in the layout and design of facilities, water supply and waste disposal, the sanitation supervision that is given to the operation of school lunch departments and the traning of their personnel. The accomplishments that have been attained in this phase of the school program are shown in other accounts of this bureau's activities. However, it should be noted that the State School Lunch Office in the State Department of Education requests counties to make routine inspections of school lunch rooms. Reports of these surveys are kept on file to encourage consistent improvements.

D. *Food Handlers' Training Program.*

The activities of this service were curtailed during the current year due to the lack of sufficient staff and the necessity of utilizing personnel in other areas of the bureau's program. Polk County's program was reactivated and a seminar held for its sanitarians on teaching techniques. The county health department presented 18 courses for school lunch personnel. A series of courses were developed for commercial operations, which would be presented in 1955. A cooperative program was organized in Palm Beach County and presented at the Southeast Tuberculosis Hospital for its dietary personnel and county school lunch workers. Dade County conducted a total of 73 courses with an average attendance of 38 per course. Classes were scheduled at the program's central location at the Lindsay-Hopkins School as well as at various food service establishments throughout the county.

Assistance was given Pinellas County in the reactivation of its training service, which was suspended in 1953. An improved program is expected to go into operation early in 1955. The district program embracing Madison, Taylor and Jefferson Counties, held schools in each county. Arrangements have been made to strengthen this service by the development of localized educational material. The quad-county program of Indian River, St. Lucie, Martin and Okeechobee Counties conducted a special program for school lunch managers of the area. Brevard and Osceola Counties also participated in this activity. One program was conducted in Broward County during the year.

An evaluation was made of the Jacksonville Health Department Food Handlers' Training Program. An advisory committee was formed, a recommended course of instruction was prepared and audio-visual aids developed. Two demonstration courses were given by members of the committee.

The only state program conducted in 1954 was in Manatee County. A total of 84 certificates were awarded establishments for their cooperation, by all state and county programs.

A food service management clinic was arranged for Marion County in cooperation with the Marion County Chamber of Commerce, the county health department and the Department of Restaurant and Hotel Management, Florida State University. Assistance also was given to Volusia County in a work shop for colored food service personnel, and Pinellas County aided in a course for school custodians.

In an effort to support the Food Handlers' Training Program, the Florida Restaurant Association has held meetings with representatives of official and voluntary agencies concerned with the problems of training in the food service field. As a consequence, a state conference on food service education has been proposed.

At the close of 1954, seven county food handlers' training programs were active; nine remained suspended; one program was reactivated.

TABLE 49

FOOD HANDLERS' TRAINING PROGRAM CERTIFICATIONS 1954

Program	Certifications
Regular State Programs	114
Permanent County Programs	(4423)
Broward	15
Dade	2837
Palm Beach	131
Polk	335
District — Jefferson, Madison, Taylor	95
District — Indian River, Martin, Okeechobee, St. Lucie	102
City of Jacksonville	908
TOTAL	4537

IV. TOURIST AND TRAILER COURTS

A total of 100 sets of plans were reviewed and approved by the personnel of the bureau. This reflects a 25 per cent increase over the total number of plans handled during the previous year. A total of 296 permits were issued for tourist and trailer courts, a 30 per cent increase over the previous year.

Continued growth of the state tourist industry was exemplified by the increase in activity with the sewage disposal and water facilities provided for the motels and trailer camps where provision of these facilities is a major venture. Personnel from the central office made 66 visits to trailer parks during 1954. A survey was begun to ascertain the exact facilities available for trailers within the state and the tabulation of this survey information is being made. (Table 50).

V. CAMPS

County health department attention was focused on camp sanitation as a result of complaints received on existing conditions in several counties. The bureau, in cooperation with seventeen county health units, conducted a survey of the areas involved and prepared a report on environmental factors affecting migratory labor, which included recommendations for improvement. A series of meetings were participated in with official and voluntary agencies concerned with this problem. Camp sanitation standards were revised to meet current needs and encouragement and assistance given counties in the fulfillment of their responsibility in this aspect of their health programs. A total of sixty operation permits were issued recreational and labor camps, which is a marked increase over previous years. (Table 50).

VI. SCHOOLS

The principal function of the bureau in school sanitation has been the review and approval of plans for new schools and school additions. County school building has developed at such a pace that increased demands have been placed on this agency by the number of plans submitted as required by the State Sanitary Code. Plans processed for approval show a twenty-five percent increase in 1954. New facilities included complete school units and additions for classrooms, gymnasiums, rest rooms, agricultural buildings, science and home economic laboratories, and other physical designs for school plants. One hundred and thirty-one school projects were approved. (Table 50).

School sanitation is fostered by county health departments. Routine inspections are made by several. However, more attention is needed in some areas for the provision of suitable sanitary facilities for school children. A few counties attempt to advance sanitation through the medium of classroom instruction by health department personnel.

VII. THE BEDDING INSPECTION ACT—ADMINISTRATION

The newly enacted Bedding Inspection Act, which became a law on December 1, 1953 was placed in the Environmental Section for administration and enforcement. This resulted in a large amount of detailed planning, supervision, correspondence and recording activity. The actual hours devoted to this law were far in excess of the original estimated amount. The extent of the bedding industry in the state as regards processing, manufacturing and sales was more than two and one-half times as great as that anticipated.

Lacking natural guidance of established precedents and rules to follow in an unfamiliar field of administration made it very difficult and time consuming to develop policy, make decisions and render

interpretations. The experience of the first year will be most beneficial in charting the future program.

The initial program for this first year was to obtain complete registration in each classification as established by the law and to acquaint registrants (by means of an educational approach through field inspections) with their responsibility under the law. The use of the legal approach has been avoided insofar as possible. The response and cooperation from the industry has been most gratifying and commendable.

The number of field visits or inspections, although rather slow in the beginning, have accelerated throughout the year. The field personnel at the end of the year consisted of two full-time additions to the staff and approximately half-time assignments of two sanitation members of the section staff. In most areas, visits were made to manufacturing firms and renovating establishments once each two months. Two or more visits were made to each retail establishment during the year. Due to the enormous amount of travel and detailed explanations of rules and regulations, no more than this could be accomplished.

Apparent compliance was obtained from the industry through voluntary action. Several complaints of malpractice were investigated and corrected without difficulty. The laboratory work on chemical and physical tests, although essentially needed, was unable to begin operating during the year. Therefore, the control of the quality of filling materials has of necessity been delayed. Plans for the next year include more frequent inspections in greater detail with laboratory control.

A total of 2,348 manufacturers, renovators and retailers were registered under this program.

VIII.

A. *Nuisance Complaints*

As usual, a number of complaints were received. These matters were referred to county health departments for investigation and disposition. In certain instances consultation services were rendered county health departments and others concerned by visits of central office personnel and regional sanitary engineers.

B. *Plumbing Regulations*

Many requests were received and complied with for copies of the Plumbing Regulations, Chapter VIII of the State Sanitary Code. Promotion of these regulations as standards for incorporated areas, for groups or as a guide was advanced throughout the year. A discussion of these regulations was presented to the conference on building construction at the University of Florida.

C. *Sanitary Code Revisions*

The Environmental Sanitation Section participated in the revision of the State Sanitary Code, which was undertaken in order to bring Florida sanitation standards in line with developments in the public health field. The following Chapters were approved by the Board February 9, 1954:

Chapter	VII	— Drinking Water, Toilet and Washroom Facilities in Buildings Serving the Public and in Places of Employment.
Chapter	XI	— Food Processing Plants
Chapter	XII	— Abattoirs
Chapter	XVII	— Retail, Dispensing and Handling of Shellfish and Cooked Crustacea Meat
Chapter	XXV	— Camps
Chapter	XXVIII	— Miscellaneous Regulations
Chapter	IX	— Restaurants and Eating Places: is in the process of revision and a joint food service manual of practice is being developed in cooperation with the State Hotel and Restaurant Commission. Frozen food regulations also are in preparation.

D. *Nursing Home Program Participation*

In order to assist the Field Advisory Staff in its Nursing Home Program, the bureau undertook the review and approval of plans for new construction for institutions covered by the State Board of Health licensing regulations. In 1954 plans were approved for new buildings, additions and alterations. (Table 50).

E. *Common Carriers*

Personnel from the central office visited all of the caterers for the airlines and the watering points for the airlines in Dade, Duval, Escambia, Hillsborough, Leon and Pinellas Counties. A total of 16 operations were certified for public food dispensing in interstate commerce.

F. *Educational and Publications*

Members of the Section participated in the training courses for sanitarians at the State Board of Health Training Center, Gainesville and in short courses for sanitarians conducted at the University of Florida. Lectures also were given on "Radiation Hazards" following the detonation of atomic bombs.

The School Lunch Sanitation and Safety Manual developed jointly with the State Department of Education was published. A paper,

"Techniques Used to Obtain Proper Planning in Food and Food Handler Sanitation", appeared in the American Journal of Public Health. A manuscript was prepared for Florida Health Notes. Requests were received for papers for Public Health Reports, the World Health Organization and the Kleenzade Annual Educational Seminar.

Personnel participated in a water and sewerage short course in the Northeast Region which was the first to be presented in this area of the state.

DRAFTING

Problems relating to work load, space and the means with which to perform the duties required of the bureau's drafting room continued to grow more acute throughout 1954. Because of the tremendous increase in the volume of project plans submitted to the bureau, it was necessary to devote more and more time to processing these plans, an activity which represents only one of several responsibilities of the section. In an effort to process and expedite plans and avoid unreasonable delays which create hardships to owners, developers, municipalities, and consulting engineers, professional personnel of the bureau have actively engaged in recording, stamping and routing of these plans. This type of work by its nature is clerical.

During the year a survey was made to determine the feasibility of adopting a microfilming system as a means of streamlining the bureau's plan files. This plan file has grown to be large and cumbersome and has actually begun to deteriorate in usefulness to the organization as a result. It has long been evident that these files should be more systematically maintained if their value to the bureau is to be considered. A system of microfilming such as that proposed as a result of this survey evidently is considered practicable under present conditions. The microfilming program, when adopted, will provide a fast and efficient filing and indexing system, while at the same time establishing a means for maintaining a system of records to provide for inevitable future growth.

Certain advantages insofar as reference work is concerned made it desirable to retain project plans in their original state. This, however, could only be accomplished satisfactorily if adequate personnel and space were available *soon* to restore and/or modify the present system and thereafter keep pace with the increased activities.

During the month of October 1954 as an economy measure the bureau and several other departments were moved from rented quarters into the central office. Physically, this emphasized space problems of the drafting room inasmuch as critical conditions were made worse by the necessity of placing these facilities in several different rooms, the total area of which is somewhat less than space formerly occupied. The work load has outgrown the personnel of one draftsman and activities

TABLE 50

PERMITS ISSUED FOR SHELLFISH PRODUCTION, CRABMEAT PRODUCTION, FOOD PROCESSING PLANTS, TOURIST AND TRAILER COURTS, AND CAMPS: PLANS APPROVED FOR PROPOSED TOURIST AND TRAILER COURTS, SCHOOLS AND NURSING HOMES, BY COUNTIES, 1954

COUNTY	Permits Issued					Plans Approved		
	Shellfish Production	Crabmeat Production	Food Processing Plants	Tourist and Trailer Courts	Camps	Tourist and Trailer Courts	Schools	Nursing Homes
Alachua				4		3	8	
Bay	7					1	2	
Bradford				3			1	
Brevard		3		13	6	4	1	
Broward							4	
Calhoun				9		1		
Charlotte		2					2	
Citrus	2						1	1
Clay								
Collier	1	2		6		2		
Columbia						1	16	2
Dade	2	1	64	1	11			
DeSoto								
Dixie	3			1		7	6	4
Duval	3	5		5			1	
Escambia								
Franklin	24	8		1			1	
Gadsden							2	
Gilchrist								
Gulf	1						2	
Hamilton					1		2	
Hardee				2				
Hernando					3			
Highlands				57	2	1	12	1
Hillsborough		1				1	5	
Holmes				1	1	1		1
Indian River		2					2	
Jackson			1				1	
Jefferson				12	9	11	1	1
Lake				8		3	1	
Lee		3		3		1		
Leon							2	
Levy	1						1	
Liberty							3	
Madison							2	
Manatee		1	6	30		8	3	
Marion							1	
Martin		1		1				
Monroe						1		
Nassau								
Okaloosa	2	4				3	6	
Okeechobee						3		
Orange				2	9	1	5	2
Osceola						1		
Palm Beach			1	40		1	13	1
Pasco				9	3	1	4	
Pinellas			5	37		32	4	5
Polk	5		1	28	10		5	
Putnam				1			1	
St. Johns							2	
St. Lucie	4				1			1
Sarasota				9		8	2	1
Seminole	3		4	5		2	1	
Sumter				1	1		1	
Suwannee							1	
Taylor				5			1	
Volusia				1	3	2	2	1
Wakulla	3	1						
Washington	5			1				
TOTAL	66	34	82	296	60	100	131	21

have, outgrown available space, the basic need being the opportunity to effectively cope with the expanded responsibilities.

SPECIAL ACTIVITIES

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Services to some extent were rendered the various other bureaus and divisions of the State Board of Health in the preparation of charts, graphs, etc., and the reproduction of such materials.

SURVEYS AND REPORTS

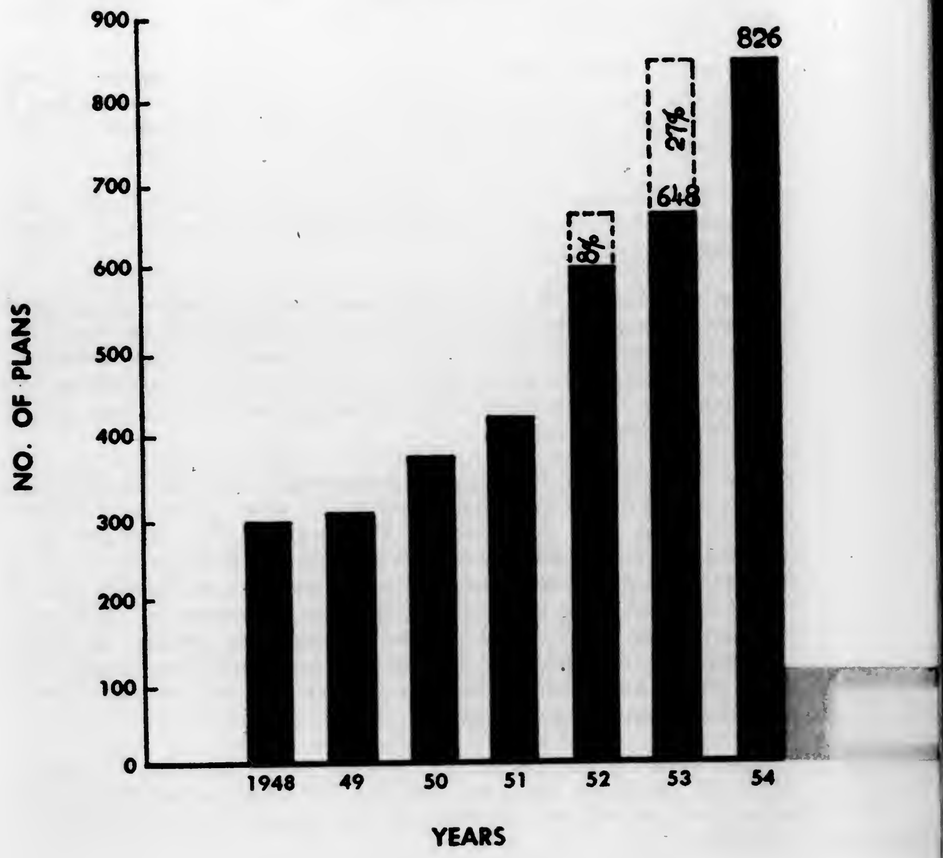
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PLANS PROCESSED ANNUALLY

1948 - 1954



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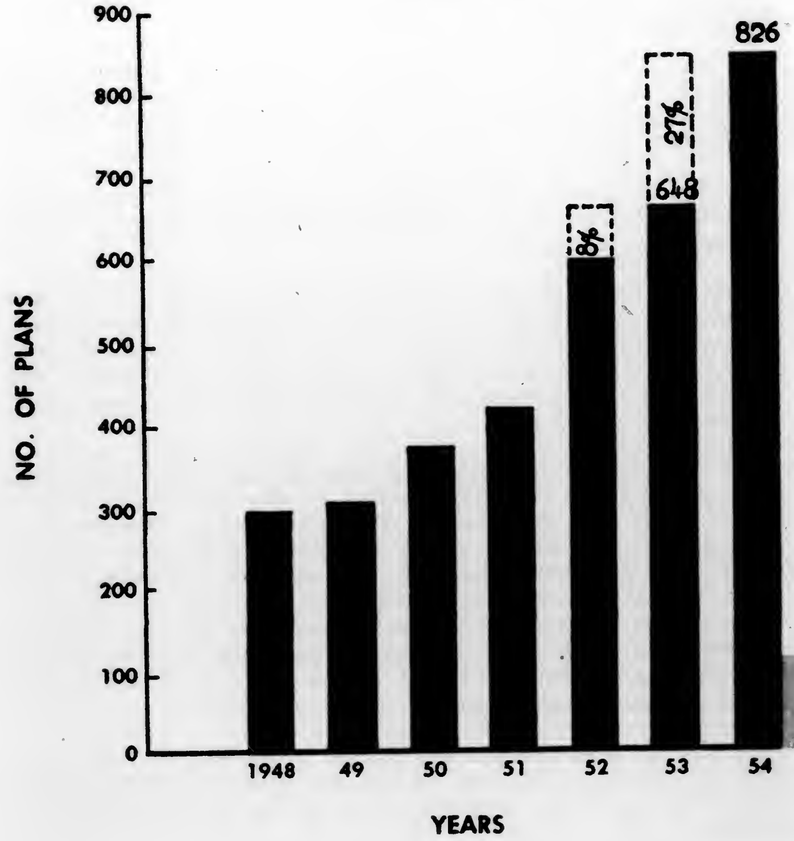
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BUREAU OF NARCOTICS

FRANK S. CASTOR, Ph.G., Director

The year 1954 was a very satisfactory one from the standpoint of the Bureau of Narcotics.

As usual with the influx of tourists, the number of arrests increase during the winter months. The Southeast District with headquarters in Miami reported 64 of the 106 arrests in 1954. The narcotic problem is greatest in this district which is composed of 12 counties.

In the Northwest District, composed of 22 counties, with headquarters in Tallahassee, the narcotic problem was a minor one during the past year.

The central part of the state has had quite a number of problems and since the transfer of Frank S. Castor to Jacksonville in November, 1953, as Director of the bureau, the one inspector in the Southwest District Office, with headquarters in Tampa, has been working day and night to cope with the ever-increasing work load. There are 17 counties in this territory.

The central office is located in Jacksonville (16 counties included), and is staffed by one inspector, a Jacksonville detective sergeant assigned to the office, and the director. The central office functions as a clearing house for all matters of an administrative nature, renders assistance to the three district offices as well as maintaining records of all criminal cases, pending investigations, registration of drug stores, registration of practitioners of the healing arts, physical therapists, masseurs and chiropodists. The bureau cooperates very closely with local police and sheriffs' offices as well as with the Federal narcotic inspectors, custom agents, etc.

The bureau is charged by law with the enforcement of the narcotic laws, the pharmacy laws, and all laws pertaining to medical doctors, osteopaths, naturopaths, chiropractors, chiropodists, masseurs and physical therapists.

During the year, 2,479 open inspections were made of drug stores, sundry stores, hospitals and other similar places. The records, charts and prescription files of these places were checked for irregularities and violations of the pharmacy and narcotic laws.

In answer to complaints or where violations were suspected, 971 investigations were made resulting in 99 arrests for violations of the narcotic law, such as illegal possession or sale of opium, morphine, heroin, marihuana; forgery of prescriptions; obtaining narcotic drugs by the use of such prescriptions, etc.

The defendants in the above-mentioned cases were sentenced to a total of 86 years, 9 months and 4 days and were fined $888.65. Of the defendants arrested, 31 received probation, deferred, withheld or suspended sentences pending future behaviour. Most of these occurred in the Miami area. Six cases were nolle prossed or discharged and five cases were placed on absentee docket until a future date, or when and if the prosecutor sees fit to bring them to trial. Twenty-four violations of one type or another were corrected without legal action when these violations were brought to the attention of the violator.

The investigation and registration of drug stores is a very important phase of work but it is thankfully acknowledged that they contribute very little in the total number of arrests; 4 of the 106 were pharmacy cases. These 4 arrests made for violation of the pharmacy law were for operating drug stores and failing to have a pharmacist on duty at all times while the store is open, and/or for the filling of prescriptions by a person not licensed as a pharmacist in the State of Florida, or for some similar violation. All licensed drug stores are required to register annually and a certificate of registration is mailed to each as well as a retail narcotic license to each employed pharmacist. The cooperation received from drug store operators plays an integral part and is of untold help in bringing many violators to justice.

It was necessary to make 3 arrests for violation of the medical laws for practicing medicine without first obtaining a medical license in this state.

Educational Activities. Sixty-six talks were made (often accompanied by films) during the year by the director and inspectors to keep citizens advised of the narcotic situation in the state. Most of these talks were given to police training schools, medical, pharmaceutical, nursing, P.T.A., civic and church groups; dealing with narcotic problems such as diversion of narcotics through drug stores; diversion of drugs by unscrupulous physicians; peddling and other illegal sources of supply; also medical, non-medical and teen-age drug addiction, and the treatment and rehabilitation of addicts. The response to these talks has been most satisfactory.

Addicts. The State Uniform Narcotic Drug Law provides for commitment and treatment of narcotic drug addicts as narcotic patients, both voluntarily and compulsorily, at the State Hospital at Raiford. Realizing that drug addiction is a serious problem and is responsible for many criminal offenses, every effort is being made to curb it. During the year, with the assistance of the bureau, many addicts received treatment. Some entered private institutions, and the U. S. Public Health Service Hospital at Lexington, Kentucky, and 20 were committed to the State Hospital at Raiford. While Raiford is not the ideal place for the treatment of narcotic addiction, it is the only place the state has to offer at the present.

Teen-age Addiction. Every effort possible is being put forth to make thorough and complete investigations of all reports of suspected narcotic violations in the high schools and institutions of higher learning. No violations of any consequence have been found in these institutions. It is the opinion of this bureau that the epidemic of narcotic addiction among young people is primarily an extension of widespread juvenile delinquency. While it cannot be completely described or completely dismissed as a big city problem, that, practically speaking, is the situation. Also it is a problem confined for the most part to those areas where many factors contribute to the delinquency of lawlessness among the affected youth. Florida is fortunate that many of these factors are not present in our state.

TOTAL SUMMARY OF ACTIVITIES

Open inspections	2497
Investigations	971
Arrests	106
Violations corrected where no legal action was taken	24
Defendants receiving probation, deferred, withheld or suspended sentences	31
Cases discharged or nolle prossed by the courts	6
Cases placed on absentee docket	5
Narcotic addicts confined to State or Federal institutions for treatment	20
Persons acquitted by the courts	6
Defendants declared insane	1
Defendents released by the courts	1
Registrations — 1954	
Medical Doctors (M.D.)	4912
Osteopathic Doctors (D.O.)	461
Naturopathic Doctors (N.D.)	233
Chiropractic Doctors (D.C.)	497
Masseurs	490
Chiropodists (D.S.C.)	165
Physical Therapists (R.P.T.)	55
Drug Stores	1112

Needs. The state is badly in need of an institution, similar to a self-sufficient community, for treating drug addiction in which each member is assigned work according to his abilities after he has been taken off the drug. Bed, board, recreation facilities and some entertainment should be provided and regular hours kept; medical, surgical and diagnostic facilities should be available, including physiotherapy and psychotherapy.

As all are aware, Florida is a fast growing state and as it grows the narcotic problem grows proportionally. In order to keep abreast with this rapid growth, it is very necessary that the bureau employ two more inspectors as early as possible; one for the Southwest District in Tampa and another for the East Coast area.

DIVISION OF HEALTH INFORMATION

ELIZABETH REED, R.N., B.S., Director

Health education activities kept the staff busy, as usual, though this division continues to feel the need of (among other things) a writer to assist in the preparation of FLORIDA HEALTH NOTES, radio and TV programs, pamphlets and the like; an exhibits' consultant, and a person to stimulate the formation of a state-wide health council. HEALTH NOTES, issued ten times a year, consumes at least 30 per cent of the director's time; some free radio and TV time could be procured if there was a person to take responsibility for such programs; a minimum of one request a week comes in for assistance with exhibits (which requests cannot be met); and it is felt that to augment the excellent working relationships between the official and voluntary health organizations there should be a state-wide health council that could meet at definite intervals to better plan for Florida's health future.

Numerous visits were made to county health departments to assist with health education problems. Pamphlets, films, exhibits, reports, bulletins, interpersonal relationships, formation of health councils and cooperative action with schools and health agencies, were the usual problems presented.

ART WORK

The artist completed the following: stencil and ditto drawings, 9; line drawings, 11; signs, 14; layouts, 21; posters, 11; graphs and charts, 48; letterheads, 2; maps, 3; cover designs, 6; personnel service panels revised, 4; framing, 2; exhibit, 1; bulletin board displays, 2.

The preparation of six issues of HEALTH NOTES included layout, the markup of 63 photographs, the paste-up for the press run, and checking page proofs.

Cooperation was given two local artists in the preparation of free lance assignments.

FILM LIBRARY

Curtailment of circulation by restricting bookings to one film per week resulted in a decrease in use of films in 1954.

	Number	Percentage decrease
Films circulated	3,241	23
Times shown	8,892	18
Persons in audience	520,723	24

Although fewer films were circulated, individual bookings increased.

Six titles were televised in three areas of the state (Jacksonville, Orlando and Pensacola). Total estimated audience was 536,000. Undoubtedly other films were telecast without our knowledge.

Eighty 35mm X-ray trailers were booked 21 times, and shown to an estimated audience of 500,000.

Radio transcriptions: 41 weekly radio programs were booked. An experimental tape was made with a hillbilly singer on hookworm and diabetes and distributed to eight counties.

State Board of Health personnel booked audio-visual equipment 134 times, using 206 pieces.

Twenty film prints were added to the library. Number of new titles was twelve. Seven sets of silent film strips were purchased. Four titles from other agencies (Florida Council for the Blind, Practical Nurses Association, Blue Cross — Blue Shield, United Cerebral Palsy of Florida) were placed in the library on indefinite loan. Sixteen titles, with a total of 55 prints were removed from circulation because they were obsolete or beyond repair.

The personnel of the film library taught quite a few persons how to operate audio-visual equipment; presented movies and slides for a number of meetings; searched for health films not in the library for various groups; worked closely with the Division of Heart Disease Control in working out a distribution program for their special slides, tape recordings and films; previewed many new films with professional personnel.

There is a real desire and need for audio-visual materials as evidenced by the fact that at least 50 per cent of all requests made must be refused. To satisfy a reasonable number of these requests will take more storage space, equipment, and personnel — all of which requires more money.

Plans were made to expand the film library in 1955 into an audio-visual library, promoting the use of film strips, slides, tape recordings, etc.

LIBRARY

Flora E. Herman, B.S., B.S. in L.S., Librarian

Circulation consisted of: Books: regular loans 1362; indefinite loans 1169; periodicals 6202; pamphlets and reprints, 104; microfilm, 49; total, 8886.

In addition, 10 interlibrary loans were received from various libraries throughout the country, with the Armed Forces Medical Library in Washington, D. C. as the main source of supply.

Borrowers were as follows: individual 386; groups (clinics, bureaus, divisions) 35; total 421.

Although the total number of items circulated and the total number of borrowers was lower than in 1953, the average items circulated per borrower rose from 19.2 in 1953 to 21.1 in 1954.

Reference and Bibliography:

In 1954 the library received 1348 reference questions and compiled 35 bibliographies. Both of these figures were in excess of those for 1953. Acquisitions and cataloging: books cataloged, 490; bound journals processed, 314; total volumes, 804; catalog cards typed, 1667.

The 804 volumes added to the collection show a decrease from the 918 volumes acquired in 1953, but both show a tremendous increase over the 554 volumes for 1952.

A joint inventory and weeding process was completed on the book collection in April. There were 179 books found to be lost or missing, while 1112 outworn, outdated, and duplicate books were culled from the collection. Time did not allow for a much needed inventory of the journals; however, a weeding process was completed whereby journal files which were incomplete and of little value were withdrawn. Bureau and division heads were consulted before the withdrawal of journal titles within their respective subject fields. The withdrawal of these books and journals somewhat relieved the overcrowding in the stacks. Approximately one-half of the pamphlet file was weeded, and 502 pamphlets were processed and added to the collection.

Medical Library Association Exchange:

An extensive list of the library's duplicate books and journals was submitted to the Medical Library Association Exchange, which printed a portion of the list and reserved the remainder for a later printing. From the portion printed, the library received 180 requests, 30 of which were from foreign libraries.

Outstanding improvements in the library were: (1) the cataloger was moved from the attic to an office adjacent to the library; and (2) a conference room in the new building eliminated the use of the library for most meetings.

PAMPHLETS

Over 150,000 pamphlets were distributed, in spite of the fact that only about 10 per cent of the literature requested is ever given out by this office. Referrals are made to sources of free materials; prices are given for others. It is believed that county health departments are more and more realizing that a sum for health education materials must be included in their budget. A number of new pamphlets originating in

the State Board of Health were released on infant, pre-natal and school nutrition. The largest number of pamphlets distributed were on nutrition, preventable diseases and sanitation. Requests for mental health literature declined somewhat.

PRESS SECRETARY

Mr. Jack Avery returned to the Division of Health Information as press secretary on January 16, 1954. The press secretary continued with the primary tasks of press relations, health education writing and editing, and photography. Approximately 50 general releases to press and radio were prepared, in addition to more than 100 special releases. The press secretary also worked cooperatively with other organizations on programs of mutual interest. Such organizations included the Florida Heart Association, the Florida Tuberculosis and Health Association, the Florida Cancer Society, the Florida Mental Health Association, the Florida Chapter of the National Foundation for Infantile Paralysis and others. Also the press secretary arranged for press coverage of the Southern Branch, American Public Health Association in St. Petersburg; and for the annual meeting of the Florida Public Health Association in Miami. Advance releases and arrangements for press coverage also were made for a number of medical short courses, seminars and other gatherings staged by the University of Florida Graduate School's Medical Department, and other organizations. He also shared in the preliminary planning for a sound motion picture film detailing Florida's mosquito program, which was filmed in color by crews from the U.S. Public Health Service Communicable Disease Center.

OTHER ACTIVITIES

Orientation programs. Four regular two-day programs were conducted. Five special groups were also served: students from Florida State University School of Social Work and School of Nursing; trainees from the Field Training Center in Gainesville; students from Florida Normal and Industrial School in St. Augustine, and teacher interns from the University of Florida.

Foreign visitors. From the Philippines, Formosa, Iran, Thailand, India, El Salvador, Bolivia, and Iraq — all were assisted either in field work or a general understanding of public health work in Florida. This type of activity is very time-consuming.

Work with other health organizations. The number of official and voluntary health agencies with whom we cooperate are innumerable. It would be impossible to name the many local Parent Teacher Associations, civic groups and service clubs who request talks or assistance in planning health programs. However, here are a few state-wide organizations listed: Florida Parent Teacher Association, Florida Educational Association, Florida Association of Health, Physical Education and Recreation, State Home Demonstration Agent, Sanitation Short Course and School of Education at the University of Florida, Florida State University Department of Health Education, Florida Public Health Association, Florida State Department of Education, Florida Medical Association, University of Miami Department of Health Education, Jackson Memorial Hospital, etc.

Contacts with school groups. Numerous meetings of school groups are participated in by members of the staff. Pre-school and post-school planning conferences, teacher workshops, seminars, conferences and the like are highly productive of increased interest of teachers in health, and of our group in educational activities concerned with health. University faculties are assisted, both with lectures and in planning cooperative ventures. The health education consultant of the State Department of Education is in frequent contact with this division and other staff members of the State Board of Health.

The Health Fair in Miami. This event, open to the public, immediately followed the 1954 American Medical Association Clinical Session. The State Board of Health had three booths: mass x-ray, venereal disease and narcotics. The great interest displayed was stimulating. Many models were brought from the Cleveland Health Museum.

Gulf County project. The Gulf County Health Council did an informal survey of health conditions in their area. Much assistance was given in tabulating, writing up the results, preparation of graphs and charts by the artist and preparation for issuing the results in printed form.

Miscellaneous. A health forum for the public in Jacksonville, sponsored by the local medical society and a local newspaper, requested that pamphlets be distributed at the evening sessions. Personnel were furnished and literature obtained. There was intense interest displayed in the forum and materials. The Health Education Section of the Florida Public Health Association held a conference at Rainbow Springs in August which all the division's professional personnel attended. Plans were completed for a health orientation course for negro employees in the central office, the first session to be held in January 1955. Assistance was given in the issuance of a school lunch room manual in cooperation with the Bureau of Sanitary Engineering and the State Department of Education. The annual report was edited by this division and the Bureau of Vital Statistics.

NEW DEVELOPMENTS

The Welfare Planning Council of Dade County appointed a health educator to direct activities of their Health Council Division, newly

annexed to their organization. The Health Council has been in existence several years. The Volusia County Health Department appointed a public health nurse as their health educator and nutrition consultant.

Final plans were made to initiate a course in Community Health resources for teachers in conjunction with the School of Education of the University of Florida. This course of three weeks duration, for three credits, will use the County Health Departments as a training center for selected teachers acting as health coordinators in individual schools.